



NATIONAL
QUALITY FORUM

Measure Applications Partnership Clinician Workgroup In-Person Meeting Day 1

December 12-13, 2016

Introductions and Disclosures of Interest

MAP Clinician Workgroup Membership

Workgroup Co-chairs (Voting): Bruce Bagley, MD and Amy Moyer

Organizational Members (Voting)

American Academy of Ophthalmology	Scott Friedman, MD
American Academy of Pediatrics	Terry Adirim, MD, MPH, FAAP
American Association of Nurse Practitioners	Diane Padden, PhD, CRNP, FAANP
American College of Cardiology	Steven A. Farmer, MD, FACC
American College of Radiology*	David J. Seidenwurm, MD
Anthem	Kevin Bowman, MD, MB, MPH
Association of American Medical Colleges	Janis Orłowski, MD
Carolina's HealthCare System	Scott Furney, MD, FACP
Consumers' CHECKBOOK	Robert Krughoff, JD
Council of Medical Specialty Societies*	Norman Kahn MD, EVP/CEO, CMSS
Health Partners, Inc.*	Beth Averbek, MD
National Center for Interprofessional Practice and Education	James Pacala, MD, MS
Pacific Business Group on Health	Stephanie Glier, MPH
Patient-Centered Primary Care Collaborative	Marci Nielsen, PhD, MPH
Primary Care Information Project	Winfred Wu, MD, MPH
St. Louis Area Business Health Coalition	Patti Wahl, MS

MAP Clinician Workgroup Membership

Subject Matter Experts (Voting)

Dale Shaller, MPA*
Michael Hasset, MD, MPH*
Eric Whitacre, MD, FACS
Leslie Zun, MD*

Federal Government Members (Non-Voting)

Centers for Disease Control and Prevention (CDC)	Peter Briss, MD, MPH
Centers for Medicare & Medicaid Services (CMS)	Pierre Yong, MD, MPH, MS
Health Resources and Services Administration (HRSA)	Girma Alemu, MD, MPH

Duals Workgroup Liaison (Non-Voting)

Consortium for Citizens w/ Disabilities	Clarke Ross, D.P.A.
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Agenda and Meeting Objectives

Agenda-Day 1

- Pre-Rulemaking Opening Remarks
- NQF Strategic Plan
- Overview of Pre-Rulemaking Approach
- Overview of the Medicare Shared Savings Program (MSSP)
- Review of MSSP MUC: Smoking
- Feedback on Current MSSP Measure Set
- Overview of the Merit-Based Incentive Payment System (MIPS)
- Review of MIPS MUCs: Smoking, HIV, Cardiology, Cancer, ENT
- General Opportunity for Public Comment

Agenda-Day 2

- Welcome and Recap of Day 1
- Workgroup Discussion- PROMIS
- Review of MIPS MUCs: Spine, Anesthesia, Dementia, Radiology, Surgery
- Workgroup discussion – Surgery Measures
- Feedback on Current MIPS Measure Set
- General Opportunity for Public Comment
- Summary of Meeting

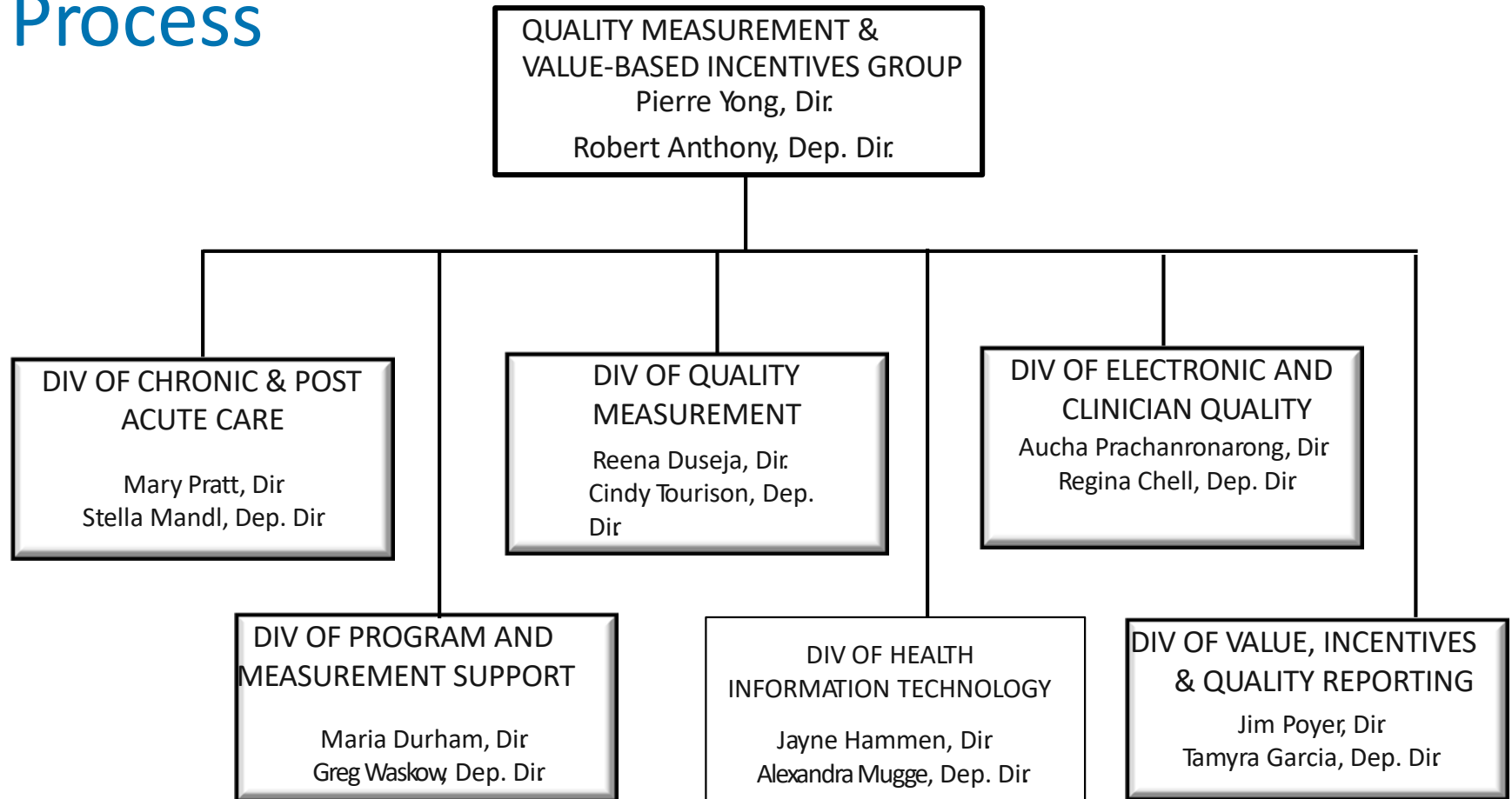
Meeting Objectives

- Review and provide input on measures under consideration for federal programs applicable to clinicians and other eligible professionals
- Finalize input to the MAP Coordinating Committee on measures for use in federal programs
- Identify gaps in measures for federal clinician quality programs

Pre-Rulemaking Opening Remarks

Creation of the MUC List

CMS' Center for Clinical Standards & Quality: Home to the Pre-Rulemaking Process



Statutory Authority: Pre-Rulemaking Process

- *Under section 1890A of the Act and ACA 3014, DHHS is required to establish a pre-rulemaking process under which a consensus-based entity (currently NQF) would convene multi-stakeholder groups to provide input to the Secretary on the selection of quality and efficiency measures for use in certain federal programs. The list of quality and efficiency measures DHHS is considering for selection is to be publicly **published no later than December 1** of each year. No later than **February 1** of each year, NQF is to report the input of the multi-stakeholder groups, which will be considered by DHHS in the selection of quality and efficiency measures.*

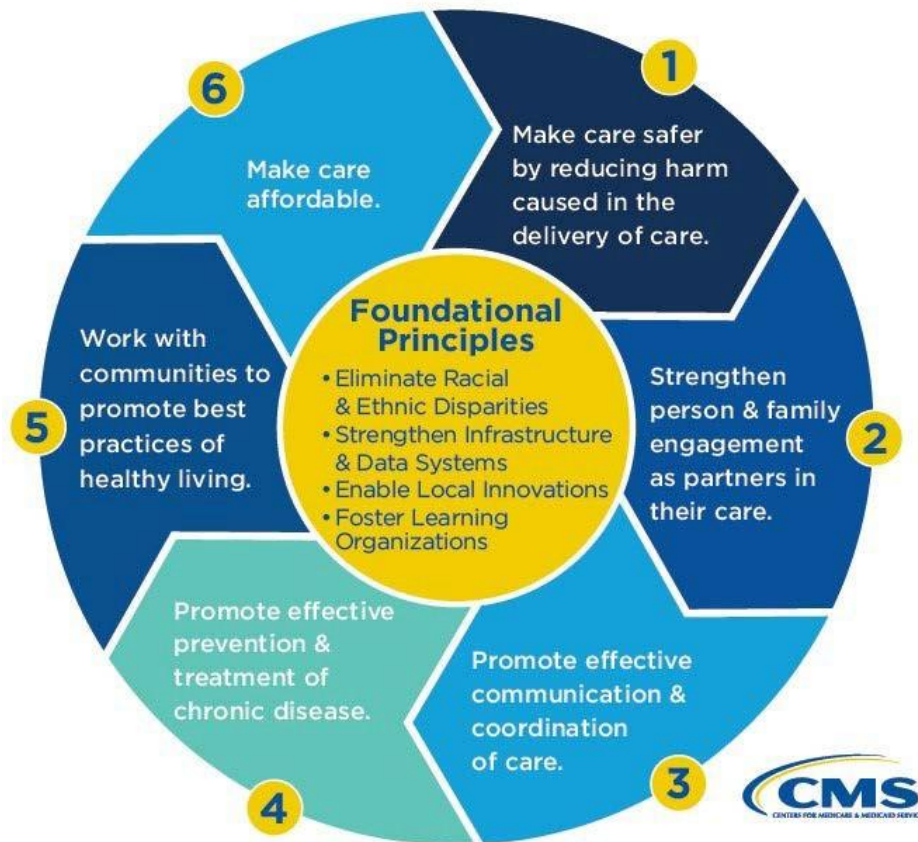
Pre-rulemaking Process: Measure Selection

- Pre-rulemaking Process – provides for more formalized and thoughtful process for considering measure adoption:
 - Early public preview of potential measures
 - Multi-stakeholder groups feedback sought and considered prior to rulemaking (MAP feedback considered for rulemaking)
 - Review of measures for alignment and to fill measurement gaps prior to rulemaking
 - Endorsement status considered favorable; lack of endorsement must be justified for adoption.
 - Potential impact of new measures and actual impact of implemented measures considered in selection determination

CMS Quality Strategy Aims and Goals



CMS Quality Strategy Goals and Foundational Principles



Measure Inclusion Requirements

- Respond to specific program goals and statutory requirements.
- Address an important topic, including those identified by the MAP, with a performance gap and is evidence based.
- Focus on one or more of the National Quality Strategy priorities.
- Identify opportunities for improvement.
- Avoid duplication with other measures currently implemented in programs.
- Include a title, numerator, denominator, exclusions, measure steward, data collection mechanism.
- Alignment of measures across public and private programs.

Caveats

- Measures in current use do not need to go on the Measures under Consideration List again
 - *The exception is if you are proposing to expand the measure into other CMS programs, proceed with the measure submission but only for the newly proposed program*
- Submissions will be accepted if the measure was previously proposed to be on a prior year's published MUC List, but was not accepted by any CMS program(s).
- Measure specifications may change over time, if a measure has significantly changed, proceed with the measure submission for each applicable program

Medicare Programs

Ambulatory Surgical Center Quality Reporting Program

End-Stage Renal Disease Quality Incentive Program

Home Health Quality Reporting Program

Hospice Quality Reporting Program

Hospital-Acquired Condition Reduction Program

Hospital Inpatient Quality Reporting Program

Hospital Outpatient Quality Reporting Program

Hospital Readmissions Reduction Program

Hospital Value-Based Purchasing Program

Inpatient Psychiatric Facility Quality Reporting Program

Inpatient Rehabilitation Facility Quality Reporting Program

Long-Term Care Hospital Quality Reporting Program

Medicaid and Medicare EHR Incentive Program for Eligible Hospitals and Critical Access Hospitals

Medicare Shared Savings Program

Merit-based Incentive Payment System

Prospective Payment System-Exempt Cancer Hospital Quality Reporting Program

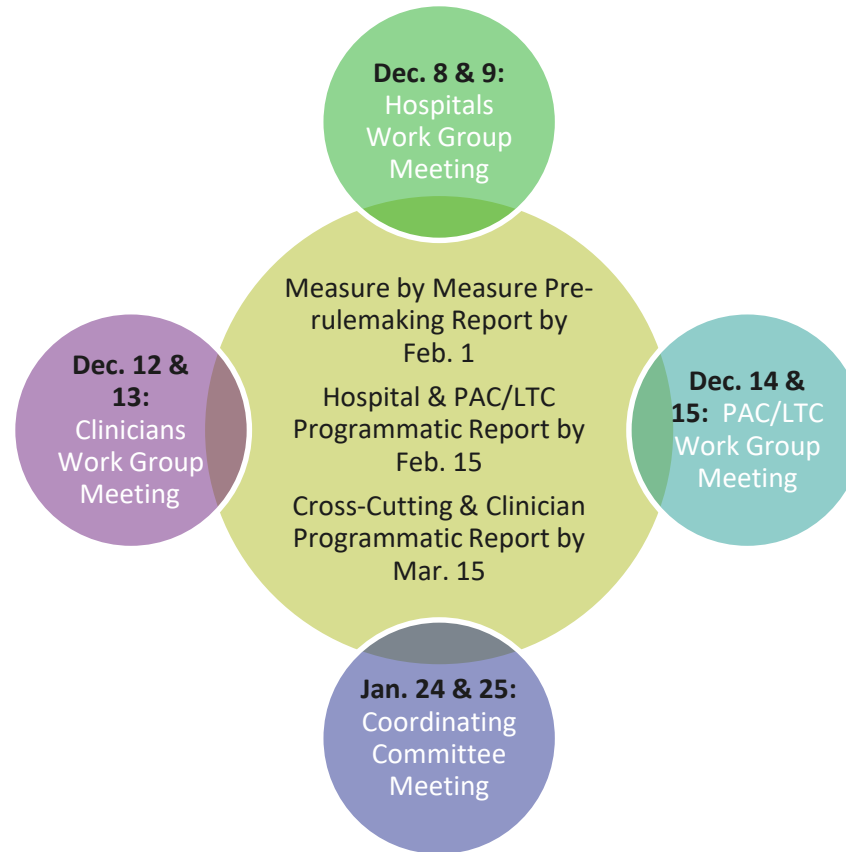
Skilled Nursing Facility Quality Reporting Program

Skilled Nursing Facility Value-Based Purchasing Program

Measures Under Consideration List Publishing



MAP Meeting Results





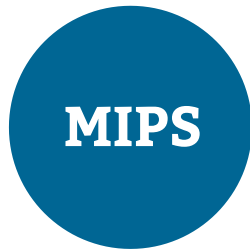
What is the Quality Payment Program?

The Quality Payment Program

The Quality Payment Program policy will:

- Reform Medicare Part B payments for more than 600,000 clinicians
- Improve care across the entire health care delivery system

Clinicians have two tracks to choose from:



The Merit-based Incentive
Payment System (MIPS)

*If you decide to participate in traditional
Medicare, you may earn a performance-based
payment adjustment through MIPS.*

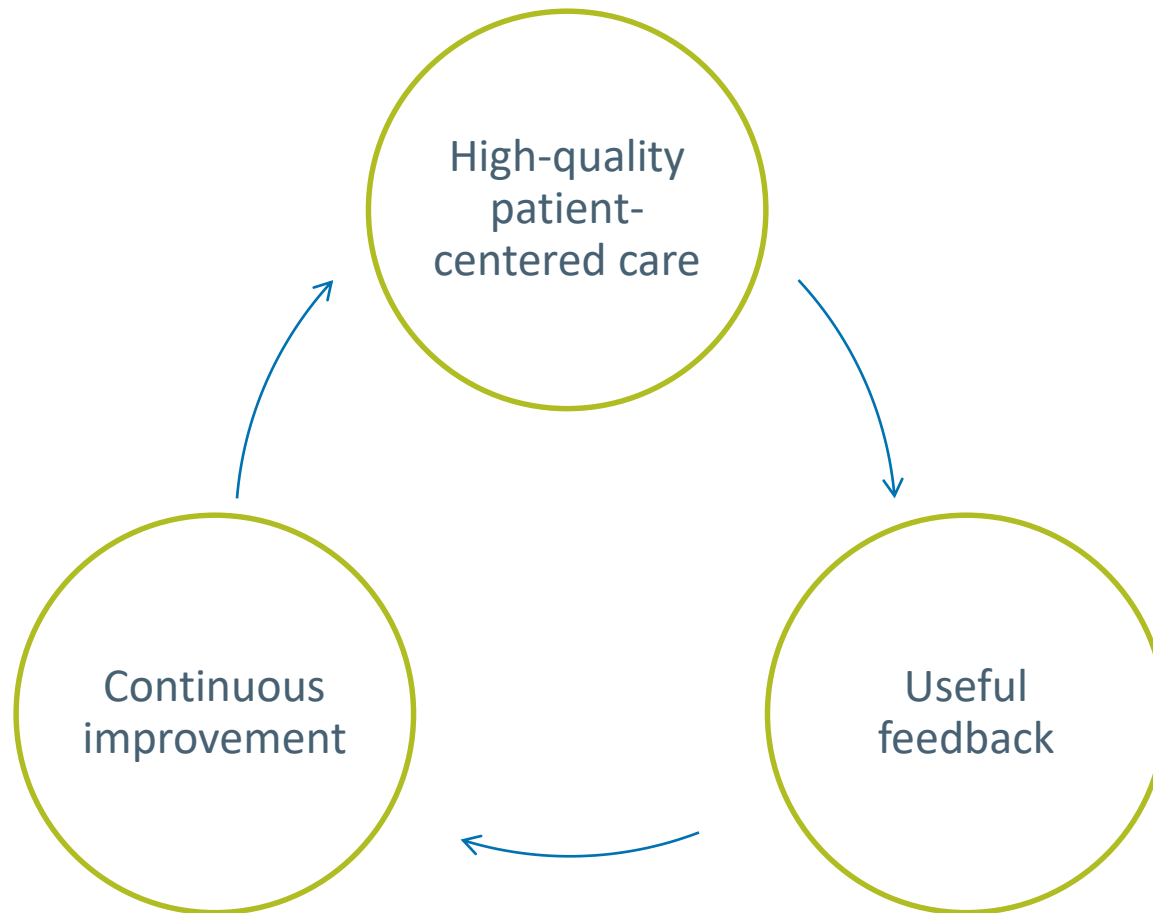
OR



Advanced Alternate Payment Models
(APMs)

*If you decide to take part in an Advanced APM, you
may earn a Medicare incentive payment for
participating in an innovative payment model.*

Quality Payment Program Bedrock



Quality Payment Program Strategic Goals

Improve beneficiary outcomes

Enhance clinician experience

Increase adoption of
Advanced APMs

Maximize participation

Improve data and
information sharing

Ensure operational excellence
in program implementation

Quick Tip:

For additional information on the Quality Payment Program, please visit
[QPP.CMS.GOV](https://qpp.cms.gov)

Early MAP Input from Clinician Workgroup

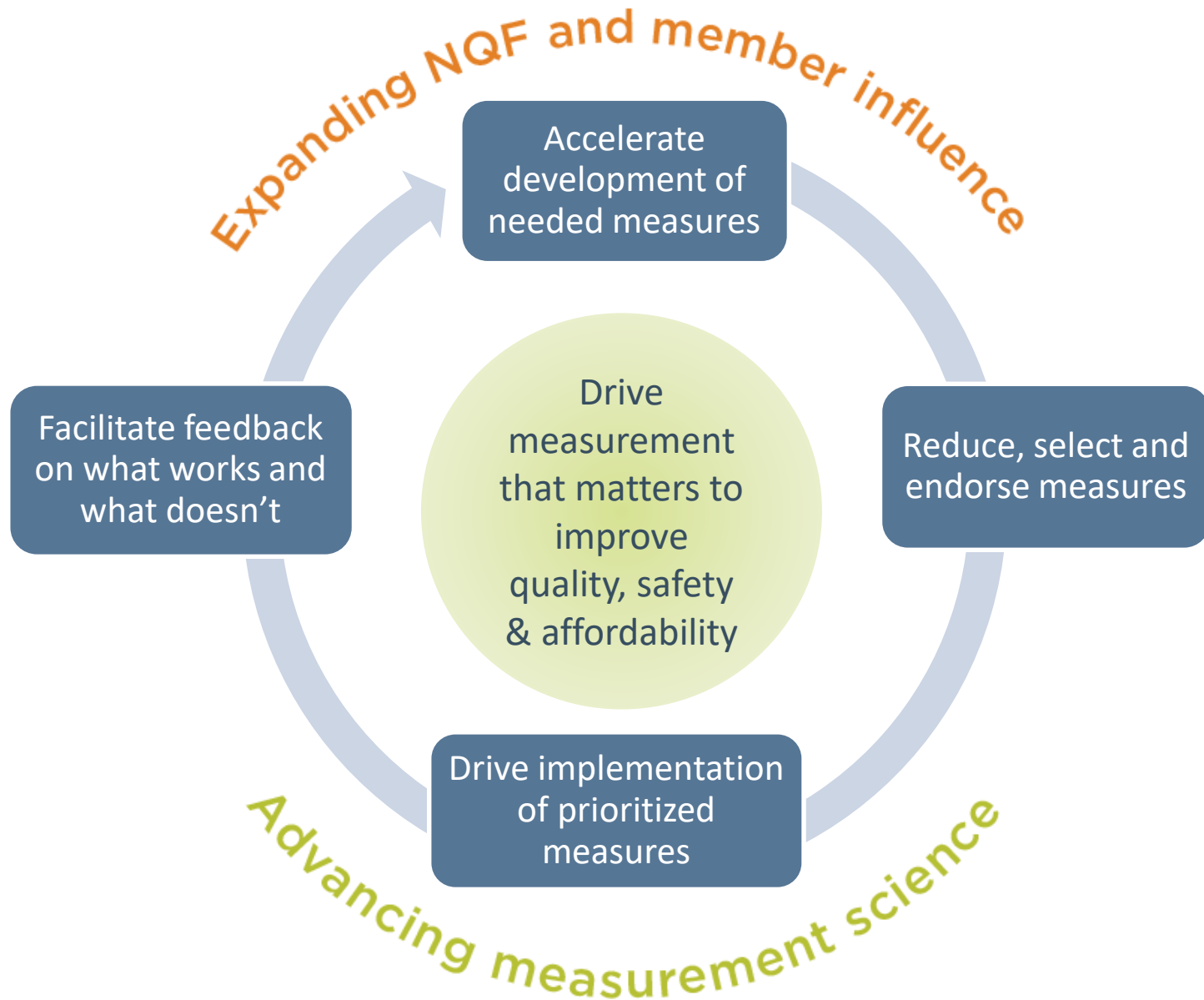
- PROMIS: Patient Reported Outcomes Measurement Information System
 - Seek MAP input on concept of using PROMIS tools as basis for future PRO-Performance Measures for potential inclusion in future programs
- Measure set across phases of surgical care (American College of Surgeons)
 - *Seek MAP input on concept of using a measure set that addresses care across the clinical phases of surgical care*

CMS “Feedback Loop”

- Trial period – October 2016 PAC-LTC Workgroup meeting
- Based on discussions with Workgroup at December 2015 Meeting
- Review previously presented measures to the Workgroup
- Additional work done in measure development, including work generated from Workgroup feedback
- Additional Workgroup discussion

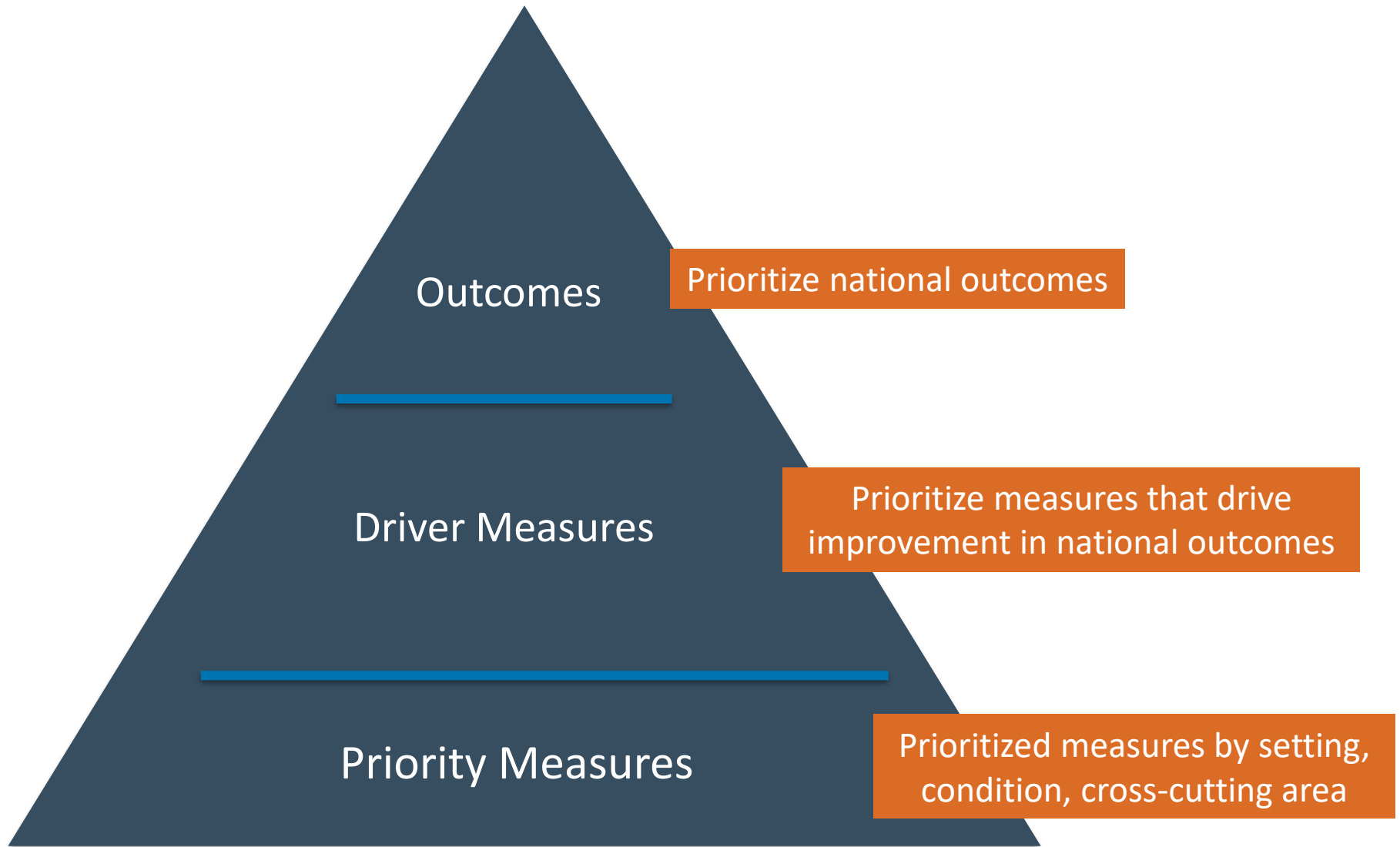
NQF Strategic Plan

NQF: Lead. Prioritize. Collaborate.



Prioritization of Measures and Gaps

Prioritize Measures that Matter



Environmental Scan: Prioritization Criteria

- National Quality Strategy
- IOM Vital Signs
- NQF Prioritization Advisory Committees
- Healthy People 2020 Indicators
- Kaiser Family Foundation Health Tracker
- Consumer priorities for Hospital QI and Implications for Public Reporting, 2011
- IOM: Future Directions for National Healthcare Quality and Disparities Report, 2010
- IHI Whole System Measures
- Commonwealth Fund International Profiles of Healthcare Systems, 2015
- OECD Healthcare Quality Project
- OECD Improving Value in Healthcare: Measuring Quality
- Conceptual Model for National Healthcare Quality Indicator System in Norway
- Denmark Quality Indicators
- UK NICE standards – Selecting and Prioritizing Quality Standard Topics
- Australia's – Indicators used Nationally to Report on Healthcare, 2013
- European Commission Healthcare Quality Indicators
- Consumer-Purchaser Disclosure Project – Ten criteria for usable meaningful and usable measures of performance

Potential Prioritization Criteria

- Actionable & improvable (amenable to interventions, potential to transform care)
- Reduces disparities
- High impact area
- Integrated care (measurement across providers and settings, including transitions)
- Easy to understand and interpret
- Lack of adverse consequences
- Meaningful to patient and/or caregiver
- Outcome-focused
- Patient-centered
- Burden of measurement
- Drives system-level improvement

Word Cloud: Prioritization Criteria



Gap Construct

- An accountability measure gap should provide the following:
 - *Topic area that needs to be addressed (condition specific, cross-cutting)*
 - *The type of measure (e.g., process, outcome, PRO)*
 - *The target population of the measure (denominator)*
 - *Aspect of care being measured within this quality problem (numerator)*
 - *Specific attribution of the healthcare entity being measured*
 - *Description of how the measure would fill the gap in NQF's measure portfolio*

Reduce Measures

Prioritize Measures that Matter: Reduce, Select & Endorse

Reduce measures where benefits outweighs burden

- *Consider MAP and CDP opportunities to drive measure reduction*

MAP: Recommendations for Measure Removal

- MAP has expressed a need to better understand the program measure sets, including how new measures under consideration interact with current measures.
- For the 2016-2017 pre-rulemaking cycle, MAP will offer guidance on measures finalized for use:
 - **MAP will offer input on ways to strengthen the current measure set including recommendations for future removal of measures.**
 - This guidance will be built into the final MAP report but will not be reflected in the “Spreadsheet of MAP Final Recommendations.”

Overview of Pre-Rulemaking Approach

Approach

The approach to the analysis and selection of measures is a four-step process:

- 1. Provide program overview**
- 2. Review current measures**
- 3. Evaluate MUCs for what they would add to the program measure set**
- 4. Provide feedback on current program measure sets**

Evaluate Measures Under Consideration

- MAP Workgroups must reach a decision about every measure under consideration
 - *Decision categories are standardized for consistency*
 - *Each decision should be accompanied by one or more statements of rationale that explains why each decision was reached*
- The decision categories have been updated for the 2016-2017 pre-rulemaking process
 - *MAP will no longer evaluate measures under development using different decision categories*

MAP Decision Categories

Decision Category	Evaluation Criteria
Support for Rulemaking	The measure is fully developed and tested in the setting where it will be applied and meets assessments 1-6. If the measure is in current use, it also meets assessment 7.
Conditional Support for Rulemaking	The measure is fully developed and tested and meets assessments 1-6. However, the measure should meet a condition (e.g., NQF endorsement) specified by MAP before it can be supported for implementation. MAP will provide a rationale that outlines the condition that must be met. Measures that are conditionally supported are not expected to be resubmitted to MAP.
Refine and Resubmit Prior to Rulemaking	The measure addresses a critical program objective but needs modifications before implementation. The measure meets assessments 1-3; however, it is not fully developed and tested OR there are opportunities for improvement under evaluation. MAP will provide a rationale to explain the suggested modifications.
Do Not Support for Rulemaking	The measure under consideration does not meet one or more of the assessments.

MAP Measure Selection Criteria

1. NQF-endorsed measures are required for program measure sets, unless no relevant endorsed measures are available to achieve a critical program objective
2. Program measure set adequately addresses each of the National Quality Strategy's three aims
3. Program measure set is responsive to specific program goals and requirements
4. Program measure set includes an appropriate mix of measure types
5. Program measure set enables measurement of person- and family-centered care and services
6. Program measure set includes considerations for healthcare disparities and cultural competency
7. Program measure set promotes parsimony and alignment

Preliminary Analysis of Measures Under Consideration

To facilitate MAP's consent calendar voting process, NQF staff will conduct a preliminary analysis of each measure under consideration.

The preliminary analysis is an algorithm that asks a series of questions about each measure under consideration. This algorithm was:

- Developed from the MAP Measure Selection Criteria, and approved by the MAP Coordinating Committee, to evaluate each measure
- Intended to provide MAP members with a succinct profile of each measure and to serve as a starting point for MAP discussions

MAP Voting Instructions

Key Voting Principles

- After introductory presentations from staff and the Chair to give context to each programmatic discussion, and discussion and voting will begin using the electronic Discussion Guide
- A lead discussant will be assigned to each group of measures.
- The Discussion Guide will organize content as follows:
 - *The measures under consideration will be divided into a series of related groups for the purposes of discussion and voting*
 - *Each measure under consideration will have a preliminary staff analysis*
 - *The discussion guide will note the result of the preliminary analysis (i.e., support, do not support, or conditional support) and provide rationale to explain how that conclusion was reached*

Voting Procedure

Step 1. Staff will review a Preliminary Analysis Consent Calendar

- Staff will present each group of measures as a consent calendar reflecting the result of the preliminary analysis using MAP selection criteria and programmatic objectives

Voting Procedure

Step 2. MUCs can be pulled from the Consent Calendar and become regular agenda items

- The co-chairs will ask the Workgroup members to identify any MUCs they would like to pull off the consent calendar. Any Workgroup member can ask that one or more MUCs on the consent calendar be removed for individual discussion
- Once all of the measures the Workgroup would like to discuss are removed from the consent calendar, the co-chair will ask if there is any objection to accepting the preliminary analysis and recommendation of the MUCs remaining on the consent calendar
- If no objections are made for the remaining measures, the consent calendar and the associated recommendations will be accepted (no formal vote will be taken)

Voting Procedure

Step 3. Voting on Individual Measures

- Workgroup member(s) who identified measures for discussion will describe their perspective on the measure and how it differs from the preliminary analysis and recommendation in the Discussion Guide.
- Workgroup member(s) assigned as lead discussant(s) for the group of measures will respond to the individual(s) who requested discussion. Lead discussant(s) should state their own point of view, whether or not it is in agreement with the preliminary recommendation or the divergent opinion.
- Other Workgroup members should participate in the discussion to make their opinions known. However, in the interests of time, one should refrain from repeating points already presented by others.
- After discussion of each MUC, the Workgroup will vote on the measure with four options:
 - ▢ *Support for Rulemaking*
 - ▢ *Conditional Support for Rulemaking*
 - ▢ *Refine and Resubmit Prior to Rulemaking*
 - ▢ *Do Not Support for Rulemaking*

Voting Procedure

Step 4: Tallying the Votes

- If a MUC receives $\geq 60\%$ for Support -- the recommendation is Support
- If a MUC receives $\geq 60\%$ for the SUM of Support and Conditional Support – the recommendation is Conditional Support.
 - *Staff will clarify and announce the conditions at the conclusion of the vote*
- If a MUC receives $\geq 60\%$ for Refine and Resubmit -- the recommendation is Refine and Resubmit.
- If a MUC receives $\geq 60\%$ for the SUM of Support and Conditional Support, and Refine and Resubmit – the recommendation is Refine and Resubmit.
 - *Staff will clarify and announce the refinements at the conclusion of the vote*
- If a MUC receives $< 60\%$ for the SUM of Support, Conditional Support, and Refine and Resubmit - the recommendation is “Do Not Support”
- Abstentions are discouraged but will not count in the denominator

Voting Procedure

Step 4: Tallying the Votes

	DO NOT SUPPORT	REFINE AND RESUBMIT	CONDITIONAL SUPPORT	SUPPORT
If the MUC receives >60% of the votes in one category	> 60% consensus of do not support	≥ 60% consensus of refine and resubmit	≥ 60% consensus of conditional support	≥60% consensus of support
If the MUC does NOT receive >60% of the votes in one category	< 60% consensus for the combined total of refine and resubmit, conditional support and support	≥ 60% consensus of refine and resubmit, conditional support and support	≥ 60% consensus of both conditional support and support	N/A

Voting Procedure

Step 4: Tallying the Votes

25 Committee Members
2 members abstain from voting

Voting Results	
Support	10
Conditional Support	4
Refine and Resubmit	2
Do Not Support	7
Total:	23

$$10+4 = 14/23 = 61\%$$

The measure passes with Conditional Support

Provide Feedback on Current Measure Sets

- Consider how the current measure set reflects the goals of the program
- Evaluate current measure sets against the Measure Selection Criteria
- Identify specific measures that could be removed in the future

Potential Criteria for Removal

- The measure is not evidence-based and is not linked strongly to outcomes
- The measure does not address a quality challenge (i.e. measure is topped out)
- The measure does not utilize measurement resources efficiently or contributes to misalignment
- The measure cannot be feasibly reported
- The measure is not NQF-endorsed or is being used in a manner that is inconsistent with endorsement
- The measure has lost NQF-endorsement
- Unreasonable implementation issues that outweigh the benefits of the measure have been identified
- The measure may cause negative unintended consequences
- The measure does not demonstrate progress toward achieving the goal of high-quality, efficient healthcare

Commenting Guidelines

- Comments from the early public comment period have been incorporated into the discussion guide
- There will be an opportunity for public comment before the discussion on each program.
 - *Commenters are asked to limit their comments to that program and limit comments to **two minutes**.*
 - *Commenters are asked to make any comments on MUCs or opportunities to improve the current measure set at this time*
- There will be a global public comment period at the end of each day.
- Public comment on the Workgroup recommendations will run from December 21-January 12.
 - *These comments will be considered by the MAP Coordinating Committee and submitted to CMS.*

Review of Programs and Measures Under Consideration

Medicare Shared Savings Program (MSSP)

Medicare Shared Savings Program

Rabia Khan, MPH

December 12, 2016



Agenda

- Statutory Authority
- Shared Savings Program Overview
 - Promising Results
- Overview of Quality Measurement Approach
- Quality Measures
- Data Collection
- Quality Performance Scoring
 - Pay-for-Performance Phase-in
 - Sliding Scale Measure Scoring Approach
 - 2016 Reporting Year Scoring
- Public Reporting
- Future Measure Considerations

Statutory Authority

Medicare Shared Savings Program (Shared Savings Program):

- Mandated by Section 3022 of the Affordable Care Act
- Shared Savings Program Rules
 - November 2011
 - June 2015
 - March 2016
- Physician Fee Schedule
 - Annual updates for quality and assignment

Shared Savings Program Overview

- Accountable Care Organizations (ACOs) create incentives for health care providers to work together voluntarily to coordinate care and improve quality for their patient population.
- ACOs submit an application to join the Shared Savings program and, if accepted, voluntarily enter a 3-year agreement with CMS.
 - There is an annual application process.
- ACOs may enter 1 of 3 program tracks:
 - Track 1 – one-sided model (savings only)
 - Track 2 – two-sided performance risk model
 - Track 3 – two-sided performance risk model with prospective assignment

Shared Savings Program Overview (continued)

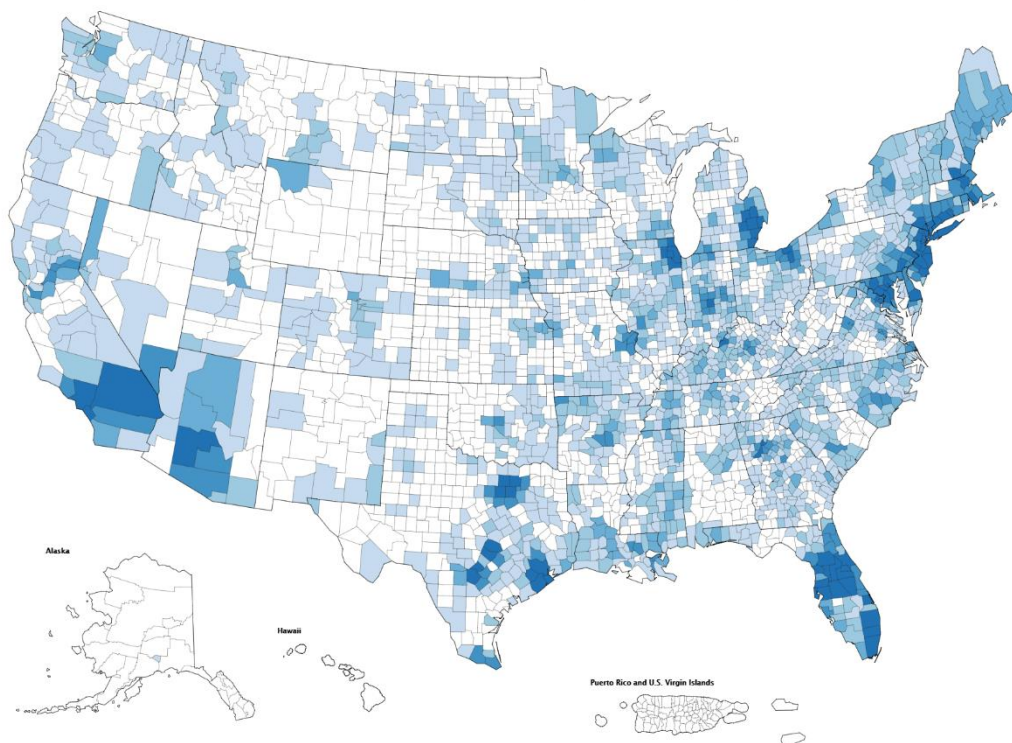
- CMS assesses ACO performance annually on quality performance and against a financial benchmark to determine shared savings or losses.
- ACOs must meet the quality performance standard to be eligible to share in savings, if earned.
 - ACO shared savings and losses financial calculations integrate the overall quality score.
 - High quality performance results in greater savings or reduced losses
 - The final sharing rate is determined by multiplying the ACO's quality score and the maximum sharing rate*
 - The final loss rate is equal to one minus the final sharing rate; therefore, strong quality performance will reduce the level of losses owed by an ACO under a performance-based risk track.

*Maximum sharing rates depend on program track.

Participation in Medicare ACOs Growing

- As of the January 2016 starter cohort, 434 ACOs were participating in the Shared Savings Program
- Over 7.7 million assigned beneficiaries
- This includes 100 new ACOS covering 1.25 million beneficiaries assigned to the Shared Saving Program in 2016
- Continued **strong** interest from new and renewing ACOs

Medicare ACO-Assigned Beneficiaries by County



* Source: Medicare Shared Savings Program Fast Facts, April 2016
<https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/sharedsavingsprogram/Downloads/All-Starts-MSSP-ACO.pdf>

Promising Results

Quality Results

- ACOs that reported in 2014 and 2015 improved on 84 percent of the quality measures that were reported in both years.
- The average quality performance improved by over 15 percent between 2014 and 2015 for four measures: screening for risk of future falls, depression screening and follow-up, blood pressure screening and follow-up, and providing pneumonia vaccinations.
- Eligible professionals participating in ACOs also avoided the 2017 Physician Quality Reporting System (PQRS) payment adjustment and 2017 Value Modifier automatic downward adjustment because their ACO satisfactorily reported quality measures on their behalf for the 2015 reporting year.

Promising Results (continued)

Financial Results

- Performance Year 2015: Total program savings **\$429 million**
 - 119 ACOs **held spending below their targets and earned performance payments totaling more than \$645 million.**
 - An additional 83 ACOs reduced health care costs compared to their benchmark, but did not meet the minimum savings threshold.
 - ACOs with more experience in the program were more likely to generate shared savings.

Overview of Quality Measurement Approach

- The quality measurement approach in the Shared Savings Program is intended to:
 1. Improve individual health and the health of populations
 2. Address quality aims such as prevention, care of chronic illness, high prevalence conditions, patient safety, patient and caregiver engagement, and care coordination
 3. Support the Shared Savings Program goals of better care, better health, and lower growth in expenditures
 4. Align with other quality reporting and incentive programs including the Quality Payment Program

Overview of Quality Measurement Approach (continued)

- In Performance Year 2016, there are 34 quality measures separated into the following four key domains that serve as the basis for assessing, benchmarking, rewarding, and improving ACO quality performance:
 - Better Care for Individuals
 1. Patient/Caregiver Experience
 2. Care Coordination/Patient Safety
 - Better Health for Populations
 3. Preventive Health
 4. At-Risk Population

Note: 31 quality measures for 2017 and subsequent performance years (2017 PFS Final Rule - 81 Fed. Reg. 71263)

2016 Quality Measures:

Aim 1: Better Care for Individuals

1. PATIENT/CARE GIVER EXPERIENCE
Clinician/Group CAHPS
ACO-1 Getting Timely Care, Appointments, and Information
ACO-2 How Well Your Providers Communicate
ACO-3 Patients' Rating of Provider
ACO-4 Access to Specialists
ACO-5 Health Promotion and Education
ACO-6 Shared Decision Making
ACO-7 Health Status/Functional Status
ACO-34 Stewardship of Patient Resources

2016 Quality Measures:

Aim 1: Better Care for Individuals (continued)

2. CARE COORDINATION/PATIENT SAFETY
ACO-8 Risk-Standardized All Condition Readmission
ACO-35 Skilled Nursing Facility 30-Day All-Cause Readmission Measure
ACO-36 All-Cause Unplanned Admissions for Patients with Diabetes
ACO-37 All-Cause Unplanned Admissions for Patients with Heart Failure
ACO-38 All-Cause Unplanned Admissions for Patients with Multiple Chronic Conditions
ACO-9 Ambulatory Sensitive Condition Admissions: Chronic Obstructive Pulmonary Disease (COPD) or Asthma in Older Adults*
ACO-10 Ambulatory Sensitive Condition Admissions: Heart Failure*
ACO-11 Percent of Primary Care Physicians (PCPs) who Successfully Meet Meaningful Use Requirements
ACO-39 Documentation of Current Medications in the Medical Record*
ACO-13 Screening for Future Fall Risk

*Measure is retired for PY2017 and subsequent years (2017 PFS Final Rule)

Note: Additional 2017 PFS Final Rule Updates to the CC/PS Domain include: (1) Replaced ACO-39 with ACO-12 Medication Reconciliation Post-Discharge; (2) introduced ACO-43 Ambulatory Sensitive Condition Acute Composite (AHRQ PQI #91) and ACO-44 Use of Imaging Studies for Low Back Pain; and (3) ACO-11 was updated to align with MIPS and finalized as a new measure for 2017

2016 Quality Measures:

Aim 2: Better Health for Populations

3. PREVENTIVE HEALTH
ACO-14 Influenza Immunization
ACO-15 Pneumococcal Vaccination
ACO-16 Body Mass Index (BMI) Screening and Follow-Up
ACO-17 Tobacco Use: Screening and Cessation Intervention
ACO-18 Screening for Clinical Depression and Follow-Up Plan
ACO-19 Colorectal Cancer Screening
ACO-20 Breast Cancer Screening
ACO-21 Screening for High Blood Pressure and Follow-Up Documented*
ACO-42 Statin Therapy for the Prevention and Treatment of Cardiovascular Disease

*Measure is retired for PY2017 and subsequent years (2017 PFS Final Rule)

2016 Quality Measures:

Aim 2: Better Health for Populations (cont.)

4. Clinical Care for At-Risk Population
Depression
ACO-40 Depression Remission at 12 Months
Diabetes
ACO-27 Diabetes Mellitus: HbA1c Poor Control**
ACO-41 Diabetes: Eye Exam**
Hypertension
ACO-28 Controlling High Blood Pressure
Ischemic Vascular Disease
ACO-30 Ischemic Vascular Disease (IVD): Use of Aspirin or Another Antithrombotic
Heart Failure
ACO-31 Beta-Blocker Therapy for LVSD*
Coronary Artery Disease
ACO-33 ACEI or ARB Therapy*

*Measure is retired for PY2017 and subsequent years (2017 PFS Final Rule)

**The Diabetes Composite includes ACO-27 and ACO-41

Data Collection

- Quality data collected via:
 - Patient Survey (CAHPS for ACOs)
 - Claims
 - EHR Incentive Program data*
 - Group Practice Reporting Option (GPRO) Web Interface



Quality Performance Scoring: Pay for Performance Phase-In

- CMS designates the quality performance standard depending on how long the ACO has been in the program.

Performance Year	Pay for Reporting or Pay for Performance	To be eligible to share in savings, if earned, the ACO must:
1	Pay for Reporting	Completely and accurately report all quality measures. This qualifies the ACO to share in the maximum available sharing rate for payment.
2 and 3*	Pay for Performance	Completely and accurately report all quality measures <u>and</u> meet minimum attainment on at least one measure in each domain.** Final sharing rate for determining shared savings or losses determined based on quality measure performance.

*ACOs in their second agreement period will be assessed under the same pay for performance requirements as ACOs in the 3rd performance year of their first agreement.

**Minimum attainment for Pay for Performance measures = performance at 30 percent or the 30th percentile of the performance benchmark; Minimum attainment for Pay for Reporting measures is set at complete reporting.

2016 Quality Performance Scoring: Pay for Performance Phase-In (continued)

- When CMS introduces new measures for the quality measure set, they will be set as pay for reporting for two years before being phased into pay for performance, unless finalized as pay-for-reporting for all performance years.
- Under Pay for Performance (i.e., ACO's second and subsequent performance years)...
 - Increasing number of measures are phased into pay for performance each year.
 - ACOs must meet minimum attainment level to receive points for pay for performance measures.
 - Shared savings payments are determined based on quality measure performance.
 - Benchmarks are set for 2 years to support ACO quality improvement efforts.
 - High performing ACOs receive higher sharing rates for payment or lower sharing rate of losses,
 - Minimum attainment = performance at 30 percent or the 30th percentile of the performance benchmark for pay for performance measures and set at complete reporting for pay reporting measures.

	2014 starters and ACOs in their 2 nd Agreement	2015 starters	2016 starters
Pay-for-Performance Measures in 2016	23	17	0
Pay-for-Reporting Measures in 2016	11	17	34
Total Measures in 2016	34	34	34

Quality Performance Scoring: Sliding Scale Measure Scoring Approach

ACO Performance Level*	Quality Points (all measures except ACO-11 EHR measure)	ACO-11 EHR Measure quality points
90 th percentile benchmark	2 points	4 points
80 th percentile benchmark	1.85 points	3.7 points
70 th percentile benchmark	1.7 points	3.4 points
60 th percentile benchmark	1.55 points	3.1 points
50 th percentile benchmark	1.4 points	2.8 points
40 th percentile benchmark	1.25 points	2.5 points
30 th percentile benchmark	1.10 point	2.2 points
<30 th percentile benchmark	No points	No points

* For some measures, these will be flat percentages (from 30% to 90%)

2016 Performance Year Scoring

Domain	Total Individual Measures	Total Measures for Scoring Purposes	Total Potential Points per Domain	Domain weight (percent)
Patient/Caregiver Experience	8	8 individual survey module measures	16	25%
Care Coordination/ Patient Safety	10	10 measures, including the EHR measure, which is double-weighted (4 points)	22	25%
Preventive Health	9	9 measures	18	25%
At-Risk Population	7	5 individual measures and a 2-component diabetes composite measure	12	25%
Total	34	33	68	100%

- ACOs can earn up to 4 quality improvement points in each domain. The total number of points an ACO earns for a domain cannot exceed the total possible points in that domain.

Public Reporting

- Performance year results, which include financial results, are publicly reported on data.cms.gov.*
- A subset of measures aligned with PQRS are displayed on Physician Compare.
- ACOs must publicly report their quality performance results on their website according to our Shared Savings Program ACO public reporting guidance.**

*The 2015 Shared Savings Program performance year results are available online at:
<https://data.cms.gov/ACO/Medicare-Shared-Savings-Program-Accountable-Care-O/x8va-z7cu>

**The ACO public reporting guidance is available online at: <https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/sharedsavingsprogram/Downloads/ACO-Public-Reporting-Guidance.pdf>

Future Measure Considerations

- We would appreciate MAP recommendations for measures that:
 - Address National Quality Strategy and CMS Quality Strategy goals and priorities
 - Align with other value-based purchasing initiatives (e.g. MIPS, SNF VBP)
 - Address population health across settings of care
 - Focus on patient outcomes
 - Balance of process, intermediate outcome, and outcome measures
 - Sensitive to administrative burden for reporting

Medicare Shared Savings Program

Shared Savings Program Quality Domain	Number of Measures in Medicare Shared Savings Program		
	Implemented/ Finalized*	Proposed**	2016 MUC List
Patient/Caregiver Experience	8	8	0
Care Coordination/Patient Safety	10	10	0
Preventive Health	9	8	1
Clinical Care for At Risk Population	7	5	0

**Implemented/Finalized: Quality measures implemented/finalized for data collection.
proposed for data collection in the 2017 PFS proposed rule.*

***Proposed: Quality measures*

Measure Needs: Outcome measures that address high-cost and affect a high volume of patients, targeted measures to needs and gaps facing patients and families that are Medicare fee-for-service, and measures that align with CMS quality reporting programs like MIPS and that support individual and population health.

MSSP: Current Program Measure Information

Type	Program Quality Domain	Measure Group #1	Measure Title	NQF ID	NQF Status
Intermediate Outcome	At Risk Population	ACO-27	Diabetes: Hemoglobin A1c Poor Control	0059	Endorsed
		ACO-28	Controlling High Blood Pressure	0018	Endorsed
		ACO-40	Depression Remission at Twelve Months	0710	Endorsed
Outcome	Care Coordination/ Patient Safety	ACO-08	Hospital-Wide All-Cause, Unplanned Readmission Measure (HWR)	1789	Endorsed
		ACO-09	Ambulatory Sensitive Conditions: Chronic Obstructive Pulmonary Disease (COPD) or Asthma in Older Adults	0275	Endorsed
		ACO-35	Skilled Nursing Facility 30-day-all-cause readmission measure (SNFRM)	2510	Endorsed
		ACO-36	All-Cause Unplanned Admissions for Patients with Diabetes	n/a	Not Endorsed
		ACO-37	All-Cause Unplanned Admissions for Patients with Heart Failure	n/a	Not Endorsed
		ACO-38	All-Cause Unplanned Admissions for Patients with Multiple Chronic Conditions	n/a	Not Endorsed

MSSP: Current Program Measure Information

Type	Program Quality Domain	Measure Group #1	Measure Title	NQF ID	NQF Status
Patient Reported Outcome	Patient/ Caregiver Experience	ACO-01	Getting Timely Care, Appointments and Information	0005	Endorsed
		ACO-02	How Well Your Providers Communicate	0005	Endorsed
		ACO-03	Patients' Rating of Provider	0005	Endorsed
		ACO-04	Access to Specialists	n/a	Not Endorsed
		ACO-05	Health Promotion and Education	n/a	Not Endorsed
		ACO-06	Shared Decision Making	n/a	Not Endorsed
		ACO-07	Health Status/Function Status	n/a	Not Endorsed
		ACO-34	Stewardship of Patient Resources	n/a	Not Endorsed

Type	Program Quality Domain	Measure Group #1	Measure Title	NQF ID	NQF Status
Process	Care Coordination/ Patient Safety	ACO-10	Heart Failure Admission Rate	0277	Endorsed
		ACO-11	Percentage of Primary Care Physicians who Successfully Meet Meaningful Use Requirements	n/a	Not Endorsed
		ACO-13	Falls: Screening for Fall Risk	0101	Endorsed
		ACO-39	Documentation of Current Medications in the Medical Record	0419	Endorsed
	Preventive Health	ACO-13	Statin Therapy for the Prevention and Treatment of Cardiovascular Disease	n/a	Not Endorsed
		ACO-14	Preventive Care and Screening: Influenza Immunization	0041	Endorsed
		ACO-15	Pneumonia Vaccination Status for Older Adults	0043	Endorsed
		ACO-16	Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up Plan	0421	Endorsed
		ACO-17	Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention	0028	Endorsed
		ACO-18	Preventive Care and Screening: Screening for Clinical Depression and Follow-Up Plan	0418	Endorsed
		ACO-19	Colorectal Cancer Screening	0034	Endorsed
		ACO-20	Breast Cancer Screening	2372	Endorsed
		ACO-21	Preventive Care and Screening: Screening for High Blood Pressure and Follow-Up Documented	n/a	Not Endorsed
		ACO-42	Statin Therapy for the Prevention and Treatment of Cardiovascular Disease	n/a	Not Endorsed
	At Risk Population	ACO-30	Ischemic Vascular Disease (IVD): Use of Aspirin or Another Antithrombotic	0068	Endorsed
		ACO-31	Heart Failure (HF): Beta-Blocker Therapy for Left Ventricular Systolic Dysfunction (LVSD)	0083	Endorsed
		ACO-33	Coronary Artery Disease (CAD): Angiotensin-Converting Enzyme (ACE) Inhibitor or Angiotensin Receptor Blocker (ARB) Therapy - Diabetes or Left Ventricular Systolic Dysfunction (LVEF < 40%)	0066	Endorsed
		ACO-41	Diabetes: Eye Exam	0055	Endorsed

MSSP Current measures

Divided into 4 domains specified by ACA

Domain	# of Measures
Patient/caregiver experience	8
Care Coordination/Patient safety	10
Preventive Health	9
Clinical Care for At Risk Populations	7

Break

Opportunity for Public Comment: Smoking Measure (MSSP and MIPS)

Pre-Rulemaking Input- MSSP

2016 Measures Under Consideration List

CMS Smoking Prevalence Measure for the Medicare Shared Savings and Merit-Based Incentive Payment System Programs (MUC16-69)



Measures Application Partnership
Clinician Workgroup In-Person Meeting
December 12-13, 2016

MUC16-69:

Adult Local Current Smoking Prevalence

- **Definition:** percentage of adult smokers at the county level
 - Numerator: Current adult smokers in a geographically-defined area who live in households.
 - Denominator: Adult population in a geographically-defined area who live in households.
- **Data source:** CDC's Behavioral Risk Factor Surveillance System
- **Accountable Providers:** Physicians and physician practices participating in the MIPS and Medicare Shared Savings programs

Better. Smarter. *Healthier.*

So we will continue to work across sectors and across the aisle for the goals we share: *better care, smarter spending, and healthier people.*

CMS Has Adopted a Framework that Categorizes Payments to Providers

Category 1:

Fee for Service –
No Link to Value

- Payments are based on volume of services and not linked to quality or efficiency

Category 2:

Fee for Service –
Link to Quality

- At least a portion of payments vary based on the quality or efficiency of health care delivery

Category 3:

Alternative Payment Models Built
on Fee-for-Service Architecture

- Some payment is linked to the effective management of a population or an episode of care
- Payments still triggered by delivery of services, but opportunities for shared savings or 2-sided risk

Category 4:

Population-Based Payment

- Payment is not directly triggered by service delivery so volume is not linked to payment
- Clinicians and organizations are paid and responsible for the care of a beneficiary for a long period (e.g., ≥1 year)

Description

Medicare Fee-for-Service examples

- Limited in Medicare fee-for-service
- Majority of Medicare payments now are linked to quality

- Hospital value-based purchasing
- Physician Value Modifier
- Readmissions / Hospital Acquired Condition Reduction Program

- Accountable Care Organizations
- Medical homes
- Bundled payments
- Comprehensive Primary Care initiative
- Comprehensive ESRD
- Medicare-Medicaid Financial Alignment Initiative Fee-For-Service Model

- Eligible Pioneer Accountable Care Organizations in years 3-5
- Maryland hospitals

Why Smoking?

- Leading cause of preventable death and disease in the U.S.
- Costs the U.S. health care system nearly \$170 billion in direct medical care for adults annually.
- Within the Medicare Shared Savings Program, two-thirds of ACOs reporting on the existing tobacco process measure (ACO-17) report rates >90%, and 90% report rates >80%, suggesting a ripe opportunity to further advance quality in smoking reduction and prevention.

Why Smoking *Prevalence*?

- Tobacco use measures have been utilized in CMS quality and reporting efforts to date, but have:
 - focused primarily on *processes* rather than *outcomes*
 - not been oriented toward primary prevention
- Prevalence measures are designed to measure a harmful health behavior outcome at the population level; they complement clinical care process measures at the individual level.
- An outcomes focus can incentivize providers and ACOs to implement multimodal, evidence-based smoking interventions – including primary prevention efforts – in a way that a single process measure cannot.

Smoking Prevalence Measures: CMS' 2015 Efforts and Beyond

- Last year, CMS submitted to the MUC List a county-based measure (*MUC15-1013*) assessing smoking prevalence among household-dwelling U.S. adults for consideration in the Hospital Inpatient Quality Reporting (IQR) Program.
 - After robust discussion, in December 2015, the MAP Hospital Workgroup recommended the measure for “further development.”
- This year, in addition to MUC16-69, CMS is proposing the use of a patient-panel smoking measure in the Hospital IQR Program.

MUC16-69:

Issues for Discussion

- **Novel focus on geographically-defined population not specific to individual providers:**
 - For what populations should different providers be held accountable?
 - How can we address demographic differences across these populations?
- **Metric:** How can we optimally measure milestones in smoking prevalence?
- **Attribution:** How can we address the potential influence of parallel smoking interventions?

Smoking Consent Calendar

- Adult Local Current Smoking Prevalence (MUC16-69)

Current Measure Review and Discussion: MSSP

Discussion

- Are there ways to improve the current measure set?
- Are there specific measures that could be removed in the future?
- After considering the MUCs and current measures are there remaining gaps?

Lunch

Merit-Based Incentive Payment System (MIPS)



Quality Payment Program

Topics

- What is the Quality Payment Program?
- Who participates?
- How does the Quality Payment Program work?
- Where can I go to learn more?

What is the Quality Payment Program?

Medicare Payment Prior to MACRA

Fee-for-service (FFS) payment system, where clinicians are paid based on **volume** of services, not **value**.

The Sustainable Growth Rate (SGR)

- Established in 1997 to control the cost of Medicare payments to physicians



Each year, Congress passed temporary “**doc fixes**” to avert cuts (no fix in 2015 would have meant a **21% cut** in Medicare payments to clinicians)

The Quality Payment Program

- The Quality Payment Program policy will reform Medicare Part B payments for more than 600,000 clinicians across the country, and is a major step in improving care across the entire health care delivery system.
- Clinicians can choose how they want to participate in the Quality Payment Program based on their practice size, specialty, location, or patient population.

Two tracks to choose from:

Advanced Alternative Payment Models (APMs)

If you decide to take part in an Advanced APM, you may earn a Medicare incentive payment for participating in an innovative payment model.

or

The Merit-based Incentive Payment System (MIPS)

If you decide to participate in traditional Medicare, you may earn a performance-based payment adjustment through MIPS.

Who participates?

Who participates in MIPS?

- Medicare Part B clinicians billing more than \$30,000 a year **and** providing care for more than 100 Medicare patients a year.
- These clinicians include:
 - Physicians
 - Physician Assistants
 - Nurse Practitioners
 - Clinical Nurse Specialists
 - Certified Registered Nurse Anesthetists

Who is excluded from MIPS?

- **Newly-enrolled Medicare clinicians**
 - Clinicians who enroll in Medicare for the first time during a performance period are exempt from reporting on measures and activities for MIPS until the following performance year.
- **Clinicians below the low-volume threshold**
 - Medicare Part B allowed charges less than or equal to \$30,000 OR 100 or fewer Medicare Part B patients
- **Clinicians significantly participating in Advanced APMs**

Easier Access for Small Practices

Small practices will be able to successfully participate in the Quality Payment Program

Why?

- Reducing the time and cost to participate
- Providing an on-ramp to participating through Pick Your Pace
- Increasing the opportunities to participate in Advanced APMs
- Including a practice-based option for participation in Advanced APMs as an alternative to total cost-based
- Conducting technical support and outreach to small practices through the forthcoming QPP Small, Rural and Underserved Support (QPP-SURS) as well as through the [Transforming Clinical Practice Initiative](#).

Small, Rural and Health Professional Shortage Areas (HPSAs) Exceptions

- Established low-volume threshold
 - Less than or equal to \$30,000 in Medicare Part B allowed charges or less than or equal to 100 Medicare patients
- Reduced requirements for Improvement Activities performance category
 - One high-weighted activity or
 - Two medium-weighted activities
- Increased ability for clinicians practicing at Critical Access Hospitals (CAHs), Rural Health Clinics (RHCs), and Federally Qualified Health Centers (FQHCs) to qualify as a Qualifying APM Participant (QP).

How does the Quality Payment Program work?

Pick Your Pace for Participation during the Transitional Year

Participate in an Advanced Alternative Payment Model



- Some practices may choose to participate in an Advanced Alternative Payment Model in 2017

Test Pace



Submit Something

- Submit **some** data after January 1, 2017
- Neutral or small payment adjustment

MIPS

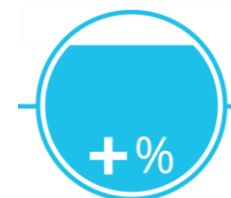
Partial Year



Submit a Partial Year

- Report for 90-day period after January 1, 2017
- Small positive payment adjustment

Full Year

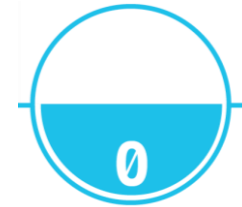


Submit a Full Year

- Fully participate starting January 1, 2017
- Modest positive payment adjustment

Not participating in the Quality Payment Program for the transition year will result in a negative 4% payment adjustment.

MIPS: Choosing to Test for 2017



Submit Something

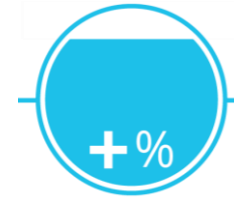
- If you submit a minimum amount of 2017 data to Medicare (for example, one quality measure or one improvement activity), you can avoid a downward adjustment

MIPS: Partial Participation for 2017



- If you submit 90 days of 2017 data to Medicare, you may earn a neutral or small positive payment adjustment.
- That means if you're not ready on January 1, you can choose to start anytime between January 1 and October 2, 2017. Whenever you choose to start, you'll need to send in performance data by March 31, 2018.

MIPS: Full Participation for 2017



Submit a Full Year

- If you submit a full year of 2017 data to Medicare, you may earn a moderate positive payment adjustment. The best way to earn the largest positive adjustment is to participate fully in the program by submitting information in all the MIPS performance categories.

Key Takeaway:

- Positive adjustments are based on the performance data on the performance information submitted, not the **amount** of information or **length of time** submitted.

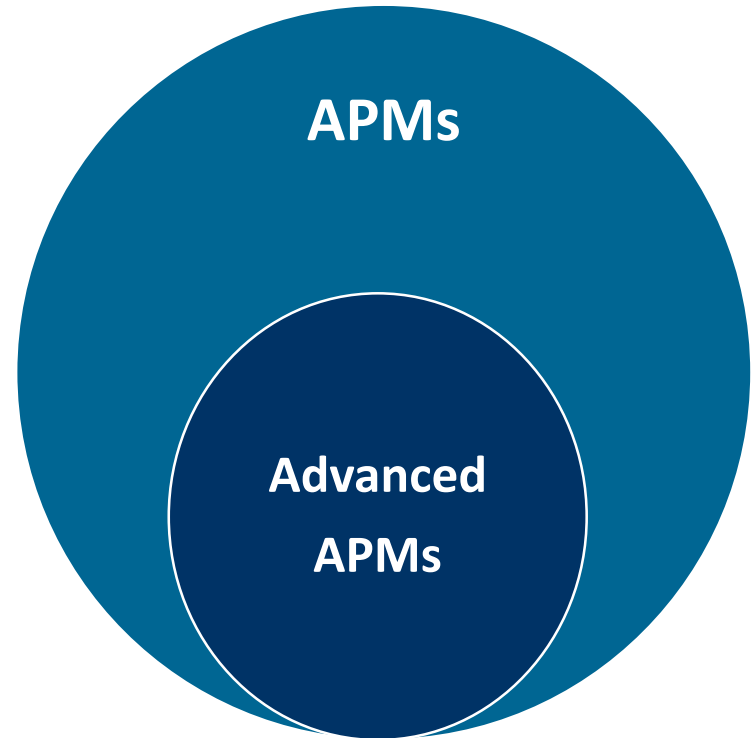
Bonus Payments and Reporting Periods

- MIPS payment adjustment is based on data submitted.
- Best way to get the max adjustment is to participate for a full year.
- A full year gives you the most measures to pick from. **BUT** if you report for 90 days, you could still earn the max adjustment.
- We're encouraging clinicians to pick what's best for their practice. A full year report will prepare you most for the future of the program.

Alternative Payment Models

- An Alternative Payment Model (APM) is a payment approach, developed in partnership with the clinician community, that provides added incentives to clinicians to provide high-quality and cost-efficient care. APMs can apply to a specific clinical condition, a care episode, or a population.
- APMs may offer significant opportunities to eligible clinicians who are not immediately able or prepared to take on the additional risk and requirements of Advanced APMs.

Advanced APMs are a Subset of APMs



Advanced Alternative Payment Models

- Advanced Alternative Payment Models (Advanced APMs) enable clinicians and practices to earn greater rewards for taking on some risk related to their patients' outcomes.
- It is important to understand that the Quality Payment Program does not change the design of any particular APM. Instead, it creates extra incentives for a sufficient degree of participation in Advanced APMs.

Advanced APMs

Advanced APM-
specific rewards
+
5% lump sum
incentive

Advanced APMs in 2017

For the **2017 performance year**, the following models are Advanced APMs:

Comprehensive End Stage Renal
Disease Care Model
(Two-Sided Risk Arrangements)

Comprehensive Primary Care Plus (CPC+)

Shared Savings Program Track 2

Shared Savings Program Track 3

Next Generation ACO Model

Oncology Care Model
(Two-Sided Risk Arrangement)

The list of Advanced APMs is posted at [QPP.CMS.GOV](https://www.cms.gov/qpp) and will be updated with new announcements on an ad hoc basis.

Where can I go to learn more?

Do you need technical assistance to help you participate in the Quality Payment Program? The Centers for Medicare & Medicaid Services has specialized programs and resources for eligible clinicians across the country.

PRIMARY CARE & SPECIALIST PHYSICIANS

Transforming Clinical Practice Initiative

- Supports more than 140,000 clinician practices through active, collaborative and peer-based learning networks over 4 years.
- **Practice Transformation Networks (PTNs) and Support Alignment Networks (SANs)** are located in all 50 states to provide comprehensive technical assistance, as well as tools, data, and resources to improve quality of care and reduce costs.
- The goal is to help practices transform over time and move toward Advanced Alternative Payment Models.



Locate the PTN(s) and SAN(s) in your state



LARGE PRACTICES

Quality Innovation Network-Quality Improvement Organizations (QIN-QIO) Education and Support

- Supports clinicians in **large practices (more than 15 clinicians)** in meeting Merit-Based Incentive Payment System requirements through customized technical assistance.
- Includes one-on-one assistance when needed.
- There are 14 QIN-QIOs that serve all 50 states, the District of Columbia, Guam, Puerto Rico, and Virgin Islands.



Locate the QIN-QIO that serves your state

Quality Innovation Network
(QIN) Directory

SMALL & SOLO PRACTICES

Small, Underserved Rural Support Technical Assistance

- Provides outreach, guidance, and direct technical assistance to clinicians in solo or small practices (15 or fewer), particularly those in rural and underserved areas, to promote successful health IT adoption, optimization, and delivery system reform activities.
- Assistance will be tailored to the needs of the clinicians.
- Organizations selected to provide this technical assistance will be available in late 2016.

TECHNICAL SUPPORT

All Eligible Clinicians Are Supported By:



Quality Payment Program Website: qpp.cms.gov

Serves as a starting point for information on the Quality Payment Program.



Quality Payment Program Service Center

Assists with all Quality Payment Program questions.

1-866-288-8292 TTY: 1-877-715-6222 QPP@cms.hhs.gov



Advanced Alternative Payment Model (APM) Learning Networks

Helps clinicians share best practices for success, and move through stages of transformation to successful participation in APMs.

Help Is Available

qpp.cms.gov

CMS has organizations on the ground to provide help to clinicians who are eligible for the Quality Payment Program:

TCPI

Transforming Clinical Practice Initiative (TCPI): TCPI is designed to support more than 140,000 clinician practices over the next 4 years in sharing, adapting, and further developing their comprehensive quality improvement strategies. Clinicians participating in TCPI will have the advantage of learning about MIPS and how to move toward participating in Advanced APMs. Click [here](#) to find help in your area.

QIN-QIOs

Quality Innovation Network (QIN)-Quality Improvement Organizations (QIOs): The QIO Program's 14 QIN-QIOs bring Medicare beneficiaries, providers, and communities together in data-driven initiatives that increase patient safety, make communities healthier, better coordinate post-hospital care, and improve clinical quality. More information about QIN-QIOs can be found [here](#).

APM
Learning
Systems

If you're in an APM: The Innovation Center's Learning Systems can help you find specialized information about what you need to do to be successful in the Advanced APM track. If you're in an APM that is not an Advanced APM, then the Learning Systems can help you understand the special benefits you have through your APM that will help you be successful in MIPS. More information about the Learning Systems is available through your model's support inbox.

When and where do I submit comments?

- The **final rule with comment** includes changes not reviewed in this presentation. We will not consider feedback during the call as formal comments on the rule. See the proposed rule for information on submitting these comments by the close of the **60-day comment period on December 19, 2016**. When commenting refer to file code **CMS-5517-FC**.
- Instructions for submitting comments can be found in the proposed rule; FAX transmissions will not be accepted. You must officially submit your comments in one of the following ways: electronically through
 - Regulations.gov
 - by regular mail
 - by express or overnight mail
 - by hand or courier
- For additional information, please go to: QPP.CMS.GOV



MIPS: Program Information

NQS Priority	Number of Measures in MIPS		
	Implemented/ Finalized*	Proposed for Rule**	2016 MUC List
Effective Prevention and Treatment	145	128	7
Making Care Safer	43	45	20
Communication/Care Coordination	42	43	1
Best Practice of Healthy Living	15	15	0
Making Care Affordable	20	23	0
Patient and Family Engagement	16	16	9

**Implemented/Finalized: Quality measures implemented/finalized in PQRS and VM programs for 2016 program year.*

***Proposed for PQRS based on NPRM released July 2016 for implementation in program year 2017.*

Measure Needs: Focus on outcome measures and measures that are relevant to specialty providers, specifically PROMs and coordination of care with all providers.

MIPS: Current Program Measure Information

Type	Topic	PQRS #	Measure Title	NQF ID	NQF Status
Cost/Resource	Readmissions	458	30-day All-Cause Hospital Readmission measure	n/a	Not Endorsed
Efficiency	Imaging - cardiac stress imaging	322	Cardiac Stress Imaging Not Meeting Appropriate Use Criteria: Preoperative Evaluation in Low-Risk Surgery Patients	670	Endorsed
		323	Cardiac Stress Imaging Not Meeting Appropriate Use Criteria: Routine Testing After Percutaneous Coronary Intervention (PCI)	671	Endorsed
		324	Cardiac Stress Imaging Not Meeting Appropriate Use Criteria: Testing in Asymptomatic, Low-Risk Patients	672	Endorsed
	Imaging - emergency	415	Emergency Medicine: Emergency Department Utilization of CT for Minor Blunt Head Trauma for Patients Aged 18 Years and Older	n/a	Not Endorsed
		416	Emergency Medicine: Emergency Department Utilization of CT for Minor Blunt Head Trauma for Patients Aged 2 through 17 Years	n/a	Not Endorsed
	Neurology - headache	419	Overuse Of Neuroimaging For Patients With Primary Headache And A Normal Neurological Examination	n/a	Not Endorsed
	Prevention-screening	439	Age Appropriate Screening Colonoscopy	n/a	Not Endorsed
	ENT	333	Adult Sinusitis: Computerized Tomography (CT) for Acute Sinusitis (Overuse)	n/a	Not Endorsed
		334	Adult Sinusitis: More than One Computerized Tomography (CT) Scan Within 90 Days for Chronic Sinusitis (Overuse)	n/a	Not Endorsed

MIPS: Current Program Measure Information

Type	Topic	PQRS #	Measure Title	NQF ID	NQF Status
Intermediate Outcome	Diabetes	001	Diabetes: Hemoglobin A1c (HbA1c) Poor Control (>9%)	59	Endorsed
	Kidney Disease	122	Adult Kidney Disease: Blood Pressure Management	n/a	Not Endorsed
	Kidney Disease	328	Pediatric Kidney Disease: ESRD Patients Receiving Dialysis: Hemoglobin Level < 10 g/dL	1667	Endorsed
	Hypertension	236	Controlling High Blood Pressure	0018	Endorsed
	Hypertension	373	Hypertension: Improvement in Blood Pressure	n/a	Not Endorsed
	Behavioral health - depression	370	Depression Remission at Twelve Months	710	Endorsed
	Behavioral health	383	Adherence to Antipsychotic Medications for Individuals with Schizophrenia	1879	Endorsed
	Surgery - anesthesia	404	Anesthesiology Smoking Abstinence	n/a	Not Endorsed
	Stroke	413	Door to Puncture Time for Endovascular Stroke Treatment	n/a	Not Endorsed
	Cardiovascular - Coronary Artery Disease	442	Persistent Beta Blocker Treatment After a Heart Attack	0071	Endorsed

MIPS: Current Program Measure Information

Type	Topic	PQRS #	Measure Title	NQF ID	NQF Status
Outcome	Behavioral health - depression	411	Depression Remission at Six Months	0711	Endorsed
	Cancer	457	Proportion Admitted to Hospice for less than 3 days	0216	Endorsed
	Cardiovascular - atrial fib	392	HRS-12: Cardiac Tamponade and/or Pericardiocentesis Following Atrial Fibrillation Ablation	2474	Endorsed
	Cardiovascular - CABG	164	Coronary Artery Bypass Graft (CABG): Prolonged Intubation	129	Endorsed
		165	Coronary Artery Bypass Graft (CABG): Deep Sternal Wound Infection Rate	130	Endorsed
		166	Coronary Artery Bypass Graft (CABG): Stroke	131	Endorsed
		167	Coronary Artery Bypass Graft (CABG): Postoperative Renal Failure	114	Endorsed
		168	Coronary Artery Bypass Graft (CABG): Surgical Re-exploration	115	Endorsed
		445	Risk-Adjusted Operative Mortality for Coronary Artery Bypass Graft (CABG)	0119	Removed
	Cardiovascular - Cardiac Implantable Electronic Deveice (CIED)	393	HRS-9: Infection within 180 Days of Cardiac Implantable Electronic Device (CIED) Implantation, Replacement, or Revision	n/a	Not Endorsed
	Cardiovascular - Implantable Cardioverter-Defibrillator (ICD)	348	HRS-3: Implantable Cardioverter-Defibrillator (ICD) Complications Rate	n/a	Not Endorsed
	Composite	Propo al Not Finaliz ed	Acute Chronic Conditions Composite	n/a	Not Endorsed
	Dermatology - psoriasis	410	Psoriasis: Clinical Response to Oral Systemic or Biologic Medications	n/a	Not Endorsed

MIPS: Current Program Measure Information

Type	Topic	PQRS #	Measure Title	NQF ID	NQF Status
Outcome	Eye care - Cataracts	191	Cataracts: 20/40 or Better Visual Acuity within 90 Days Following Cataract Surgery	565	Endorsed
		192	Cataracts: Complications within 30 Days Following Cataract Surgery Requiring Additional Surgical Procedures	564	Endorsed
		303	Cataracts: Improvement in Patient's Visual Function within 90 Days Following Cataract Surgery	1536	Endorsed
		304	Cataracts: Patient Satisfaction within 90 Days Following Cataract Surgery	n/a	Not Endorsed
		388	Cataract Surgery with Intra-Operative Complications (Unplanned Rupture of Posterior Capsule requiring unplanned vitrectomy)	n/a	Not Endorsed
		389	Cataract Surgery: Difference Between Planned and Final Refraction	n/a	Not Endorsed
	Eye care - glaucoma	141	Primary Open-Angle Glaucoma (POAG): Reduction of Intraocular Pressure (IOP) by 15% OR Documentation of a Plan of Care	563	Endorsed
	Eye care - retinal detachment	384	Adult Primary Rhegmatogenous Retinal Detachment Surgery: No Return to the Operating Room Within 90 Days of Surgery	n/a	Not Endorsed
		385	Adult Primary Rhegmatogenous Retinal Detachment Surgery Success Rate	n/a	Not Endorsed
	GI - colonoscopy	343	Screening Colonoscopy Adenoma Detection Rate Measure	n/a	Not Endorsed
	GI - Inflammatory Bowel Disease	270	Inflammatory Bowel Disease (IBD): Preventive Care: Corticosteroid Sparing Therapy	n/a	Not Endorsed
	HIV/AIDS	338	HIV Viral Load Suppression	2082	Endorsed
	Kidney Disease	327	Pediatric Kidney Disease: Adequacy of Volume Management	n/a	Not Endorsed
		329	Adult Kidney Disease: Catheter Use at Initiation of Hemodialysis	n/a	Not Endorsed
		330	Adult Kidney Disease: Catheter Use for Greater Than or Equal to 90 Days	n/a	Not Endorsed

MIPS: Current Program Measure Information

Type	Topic	PQRS #	Measure Title	NQF ID	NQF Status
Outcome	Musculoskeletal	218	Functional Deficit: Change in Risk-Adjusted Functional Status for Patients with Hip Impairments	423	Endorsed
		219	Functional Deficit: Change in Risk-Adjusted Functional Status for Patients with Lower Leg, Foot or Ankle Impairments	424	Endorsed
		220	Functional Deficit: Change in Risk-Adjusted Functional Status for Patients with Lumbar Spine Impairments	425	Endorsed
		221	Functional Deficit: Change in Risk-Adjusted Functional Status for Patients with Shoulder Impairments	426	Endorsed
		222	Functional Deficit: Change in Risk-Adjusted Functional Status for Patients with Elbow, Wrist or Hand Impairments	427	Endorsed
		223	Functional Deficit: Change in Risk-Adjusted Functional Status for Patients with Neck, Cranium, Mandible, Thoracic Spine, Ribs, or Other General Orthopedic Impairments	428	Endorsed
	Neurology - epilepsy	268	Epilepsy: Counseling for Women of Childbearing Potential with Epilepsy	1814	Removed
	Neurology - headache	435	Quality Of Life Assessment For Patients With Primary Headache Disorders	n/a	Not Endorsed
	Neurology - Parkinson's	289	Parkinson's Disease: Annual Parkinson's Disease Diagnosis Review	n/a	Not Endorsed
		290	Parkinson's Disease: Psychiatric Symptoms Assessment for Patients with Parkinson's Disease	n/a	Not Endorsed
		291	Parkinson's Disease: Cognitive Impairment or Dysfunction Assessment	n/a	Not Endorsed
		293	Parkinson's Disease: Rehabilitative Therapy Options	n/a	Not Endorsed
		294	Parkinson's Disease: Parkinson's Disease Medical and Surgical Treatment Options Reviewed	n/a	Not Endorsed

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Type	Topic	PQRS #	Measure Title	NQF ID	NQF Status
Outcome	Obstetrics	335	Maternity Care: Elective Delivery or Early Induction Without Medical Indication at ≥ 37 and < 39 Weeks	n/a	Not Endorsed
	Oral health	378	Children Who Have Dental Decay or Cavities	n/a	Not Endorsed
	Palliative/End of Life care	342	Pain Brought Under Control Within 48 Hours	n/a	Not Endorsed
	Respiratory - asthma	398	Optimal Asthma Control	n/a	Not Endorsed
	Stroke	187	Stroke and Stroke Rehabilitation: Thrombolytic Therapy	n/a	Not Endorsed
		409	Clinical Outcome Post-Endovascular Stroke Treatment	n/a	Not Endorsed
	Vascular	421	Appropriate Assessment of Retrievable Inferior Vena Cava Filters for Removal	n/a	Not Endorsed
		437	Rate of Surgical Conversion from Lower Extremity Endovascular Revascularization Procedure	n/a	Not Endorsed
	Vascular - Abdominal Aortic Aneurysm Repair (AAA)	258	Rate of Open Elective Repair of Small or Moderate Non-Ruptured Infra-renal Abdominal Aortic Aneurysms (AAA) without Major Complications (Discharged to Home by Post-Operative Day #7)	n/a	Not Endorsed
	Vascular - Endovascular Aneurysm Repair (EVAR)	259	Rate of Endovascular Aneurysm Repair (EVAR) of Small or Moderate Non-Ruptured Infra-renal Abdominal Aortic Aneurysms (AAA) without Major Complications (Discharged at Home by Post Operative Day #2)	n/a	Not Endorsed
		347	Rate of Endovascular Aneurysm Repair (EVAR) of Small or Moderate Non-Ruptured Infra-renal Abdominal Aortic Aneurysms (AAA) Who Die While in Hospital	1534	Endorsed
	Vascular - carotid artery stenting	344	Rate of Carotid Artery Stenting (CAS) for Asymptomatic Patients, Without Major Complications (Discharged to Home by Post-Operative Day #2)	n/a	Not Endorsed
		345	Rate of Postoperative Stroke or Death in Asymptomatic Patients Undergoing Carotid Artery Stenting (CAS)	1543	Endorsed

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Type	Topic	PQRS #	Measure Title	NQF ID	NQF Status
Outcome	Surgery	355	Unplanned Reoperation within the 30 Day Postoperative Period	n/a	Not Endorsed
		356	Unplanned Hospital Readmission within 30 Days of Principal Procedure	n/a	Not Endorsed
		357	Surgical Site Infection (SSI)	n/a	Not Endorsed
	Surgery - Cardiothoracic	446	Operative Mortality Stratified by the Five STS-EACTS Mortality Categories	0733	Endorsed
	Surgery - colorectal	354	Anastomotic Leak Intervention	n/a	Not Endorsed
	Surgery - GU/GYN	432	Proportion of Patients Sustaining a Bladder Injury at the Time of any Pelvic Organ Prolapse Repair	n/a	Not Endorsed
		433	Proportion of Patients Sustaining a Bowel Injury at the Time of Any Pelvic Organ Prolapse Repair	n/a	Not Endorsed
		434	Proportion of Patients Sustaining A Ureter Injury at the Time of any Pelvic Organ Prolapse Repair	n/a	Not Endorsed
	Surgery - vascular	260	Rate of Carotid Endarterectomy (CEA) for Asymptomatic Patients, without Major Complications (Discharged to Home by Post-Operative Day #2)	n/a	Not Endorsed
		346	Rate of Postoperative Stroke or Death in Asymptomatic Patients undergoing Carotid Endarterectomy (CEA)	1540	Endorsed
		417	Rate of Open Repair of Ascending Abdominal Aortic Aneurysms (AAA) Where Patients Are Discharged Alive	1523	Endorsed
	Surgery -Knee Replacement	350	Total Knee Replacement: Shared Decision-Making: Trial of Conservative (Non-surgical) Therapy	n/a	Not Endorsed
		351	Total Knee Replacement: Venous Thromboembolic and Cardiovascular Risk Evaluation	n/a	Not Endorsed
		352	Total Knee Replacement: Preoperative Antibiotic Infusion with Proximal Tourniquet	n/a	Not Endorsed
		353	Total Knee Replacement: Identification of Implanted Prosthesis in Operative Report	n/a	Not Endorsed

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Type	Topic	PQRS #	Measure Title	NQF ID	NQF Status
Patient-Reported Outcome	Patient experience with care	321	CAHPS for MIPS Clinician/Group Survey	0005	Endorsed
	Arthritis - osteoarthritis	109	Osteoarthritis (OA): Function and Pain Assessment	50	Removed
Process	Arthritis - Rheumatoid	176	Rheumatoid Arthritis (RA): Tuberculosis Screening	n/a	Not Endorsed
		177	Rheumatoid Arthritis: Periodic Assessment of Disease Activity	n/a	Not Endorsed
		178	Rheumatoid Arthritis (RA): Functional Status Assessment	n/a	Not Endorsed
		179	Rheumatoid Arthritis (RA): Assessment and Classification of Disease Prognosis	n/a	Not Endorsed
		180	Rheumatoid Arthritis (RA): Glucocorticoid Management	n/a	Not Endorsed
	Behavioral Health	391	Follow-Up After Hospitalization for Mental Illness (FUH)	0576	Endorsed
	Behavioral Health - ADHD	366	ADHD: Follow-Up Care for Children Prescribed Attention-Deficit/Hyperactivity Disorder (ADHD) Medication	0108	Endorsed
	Behavioral Health - Bipolar	367	Bipolar Disorder and Major Depression: Appraisal for Alcohol or Chemical Substance Use	n/a	Not Endorsed
	Behavioral Health - Depression	371	Depression Utilization of the PHQ-9 Tool	712	Endorsed
		372	Maternal Depression Screening	n/a	Not Endorsed
		382	Child and Adolescent Major Depressive Disorder (MDD): Suicide Risk Assessment	1365	Endorsed
		009	Anti-Depressant Medication Management	105	Endorsed
		107	Adult Major Depressive Disorder (MDD): Suicide Risk Assessment	104	Endorsed
		325	Adult Major Depressive Disorder (MDD): Coordination of Care of Patients with Specific Comorbid Conditions	n/a	Not Endorsed

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Type	Topic	PQRS #	Measure Title	NQF ID	NQF Status
Process	Cancer	144	Oncology: Medical and Radiation - Plan of Care for Pain	0383	Endorsed
		453	Proportion Receiving Chemotherapy in the Last 14 Days of life	0210	Endorsed
		454	Proportion of Patients who Died from Cancer with more than One Emergency Department Visit in the Last 30 Days of Life	0211	Removed
		455	Proportion Admitted to the Intensive Care Unit (ICU) in the Last 30 Days of Life	0213	Endorsed
		456	Proportion Not Admitted to Hospice	0215	Endorsed
		143	Oncology: Medical and Radiation - Pain Intensity Quantified	0384	Endorsed
	Cancer - breast	262	Image Confirmation of Successful Excision of Image-Localized Breast Lesion	n/a	Not Endorsed
		263	Preoperative Diagnosis of Breast Cancer	n/a	Not Endorsed
		264	Sentinel Lymph Node Biopsy for Invasive Breast Cancer	n/a	Not Endorsed
		449	HER2 Negative or Undocumented Breast Cancer Patients Spared Treatment with HER2-Targeted Therapies	1857	Endorsed
		450	Trastuzumab Received By Patients With AJCC Stage I (T1c) – III And HER2 Positive Breast Cancer Receiving Adjuvant Chemotherapy:	1858	Endorsed
	Cancer – colorectal	451	KRAS Gene Mutation Testing Performed for Patients with Metastatic Colorectal Cancer who receive Anti-epidermal Growth Factor Receptor (EGFR) Monoclonal Antibody Therapy	1859	Endorsed
		452	Patients with Metastatic Colorectal Cancer and KRAS Gene Mutation Spared Treatment with Anti-epidermal Growth Factor Receptor (EGFR) Monoclonal Antibodies	1860	Endorsed
	Cancer - prostate	102	Prostate Cancer: Avoidance of Overuse of Bone Scan for Staging Low Risk Prostate Cancer Patients	0389	Endorsed
		104	Prostate Cancer: Adjuvant Hormonal Therapy for High Risk or Very High Risk Prostate Cancer	390	Endorsed

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Type	Topic	PQRS #	Measure Title	NQF ID	NQF Status
Process	Cancer	144	Oncology: Medical and Radiation - Plan of Care for Pain	0383	Endorsed
		453	Proportion Receiving Chemotherapy in the Last 14 Days of life	0210	Endorsed
		454	Proportion of Patients who Died from Cancer with more than One Emergency Department Visit in the Last 30 Days of Life	0211	Removed
		455	Proportion Admitted to the Intensive Care Unit (ICU) in the Last 30 Days of Life	0213	Endorsed
		456	Proportion Not Admitted to Hospice	0215	Endorsed
		143	Oncology: Medical and Radiation - Pain Intensity Quantified	0384	Endorsed
	Cancer - breast	262	Image Confirmation of Successful Excision of Image-Localized Breast Lesion	n/a	Not Endorsed
		263	Preoperative Diagnosis of Breast Cancer	n/a	Not Endorsed
		264	Sentinel Lymph Node Biopsy for Invasive Breast Cancer	n/a	Not Endorsed
		449	HER2 Negative or Undocumented Breast Cancer Patients Spared Treatment with HER2-Targeted Therapies	1857	Endorsed
		450	Trastuzumab Received By Patients With AJCC Stage I (T1c) – III And HER2 Positive Breast Cancer Receiving Adjuvant Chemotherapy:	1858	Endorsed
	Cancer – colorectal	451	KRAS Gene Mutation Testing Performed for Patients with Metastatic Colorectal Cancer who receive Anti-epidermal Growth Factor Receptor (EGFR) Monoclonal Antibody Therapy	1859	Endorsed
		452	Patients with Metastatic Colorectal Cancer and KRAS Gene Mutation Spared Treatment with Anti-epidermal Growth Factor Receptor (EGFR) Monoclonal Antibodies	1860	Endorsed
	Cancer - prostate	102	Prostate Cancer: Avoidance of Overuse of Bone Scan for Staging Low Risk Prostate Cancer Patients	0389	Endorsed
		104	Prostate Cancer: Adjuvant Hormonal Therapy for High Risk or Very High Risk Prostate Cancer	390	Endorsed
	Cancer – hematology	067	Hematology: Myelodysplastic Syndrome (MDS) and Acute Leukemias: Baseline Cytogenetic Testing Performed on Bone Marrow	377	Endorsed
		068	Hematology: Myelodysplastic Syndrome (MDS): Documentation of Iron Stores in Patients Receiving Erythropoietin Therapy	378	Endorsed
		069	Hematology: Multiple Myeloma: Treatment with Bisphosphonates	0380	Endorsed
		070	Hematology: Chronic Lymphocytic Leukemia (CLL): Baseline Flow Cytometry	379	Endorsed
	Cancer – radiation	156	Oncology: Radiation Dose Limits to Normal Tissues	0382	Endorsed

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Type	Topic	PQRS #	Measure Title	NQF ID	NQF Status
Process	Cardiovascular - atrial fib	326	Chronic Anticoagulation Therapy	1525	Endorsed
	Cardiovascular - CABG	043	Coronary Artery Bypass Graft (CABG): Use of Internal Mammary Artery (IMA) in Patients with isolated CABG Surgery	134	Endorsed
		044	Coronary Artery Bypass Graft (CABG): Preoperative Beta-Blocker in Patients with Isolated CABG Surgery	236	Endorsed
	Cardiovascular - Coronary artery disease	006	Chronic Stable Coronary Artery Disease: Antiplatelet Therapy	67	Endorsed
		007	Coronary Artery Disease (CAD): Beta-Blocker Therapy - Prior Myocardial Infarction (MI) or Left Ventricular Systolic Dysfunction (LVEF < 40%)	70	Endorsed
		118	Chronic Stable Coronary Artery Disease: ACE Inhibitor or ARB Therapy-- Diabetes or Left Ventricular Systolic Dysfunction (LVEF <40%)	66	Endorsed
		204	Ischemic Vascular Disease (IVD): Use of Aspirin or Another Antiplatelet	68	Endorsed
		243	Cardiac Rehabilitation Patient Referral from an Outpatient Setting	0643	Endorsed
		438	Statin Therapy for the Prevention and Treatment of Cardiovascular Disease	n/a	Not Endorsed
	Cardiovascular - heart failure	005	Heart Failure (HF): Angiotensin-Converting Enzyme (ACE) Inhibitor or Angiotensin Receptor Blocker (ARB) Therapy for Left Ventricular Systolic Dysfunction (LVSD)	81	Endorsed
		008	Heart Failure (HF): Beta-Blocker Therapy for Left Ventricular Systolic Dysfunction (LVSD)	83	Endorsed
		377	Functional Status Assessment for Complex Chronic Conditions	n/a	Not Endorsed
	Care coordination	046	Medication Reconciliation	97	Endorsed
		047	Care Plan	326	Endorsed
		130	Documentation of Current Medications in the Medical Record	419	Endorsed
		374	Closing the Referral Loop: Receipt of Specialist Report	n/a	Not Endorsed

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Type	Topic	PQRS #	Measure Title	NQF ID	NQF Status
Process	Dementia	288	Dementia: Caregiver Education and Support	n/a	Not Endorsed
	Dementia/ Cognitive impairment	281	Dementia: Cognitive Assessment	n/a	Not Endorsed
		282	Dementia: Functional Status Assessment	n/a	Not Endorsed
		283	Dementia: Neuropsychiatric Symptom Assessment	n/a	Not Endorsed
		284	Dementia: Management of Neuropsychiatric Symptoms	n/a	Not Endorsed
		286	Dementia: Counseling Regarding Safety Concerns	n/a	Not Endorsed
	Dermatology	138	Melanoma: Coordination of Care	n/a	Not Endorsed
		224	Melanoma: Overutilization of Imaging Studies in Melanoma	562	Endorsed
		265	Biopsy Follow-Up	645	Removed
		397	Melanoma Reporting	n/a	Not Endorsed
		440	Basal Cell Carcinoma (BCC)/Squamous Cell Carcinoma: Biopsy Reporting Time -Pathologist	n/a	Not Endorsed
	Dermatology - psoriasis	337	Tuberculosis (TB) Prevention for Psoriasis, Psoriatic Arthritis and Rheumatoid Arthritis Patients on a Biological Immune Response Modifier	n/a	Not Endorsed
	Diabetes	117	Diabetes: Eye Exam	55	Endorsed
		119	Diabetes: Medical Attention for Nephropathy	62	Endorsed
		126	Diabetes Mellitus: Diabetic Foot and Ankle Care, Peripheral Neuropathy - Neurological Evaluation	417	Endorsed
		127	Diabetes Mellitus: Diabetic Foot and Ankle Care, Ulcer Prevention - Evaluation of Footwear	416	Endorsed
		163	Comprehensive Diabetes Care: Foot Exam	56	Endorsed

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Type	Topic	PQRS #	Measure Title	NQF ID	NQF Status
Process	ENT	066	Appropriate Testing for Children with Pharyngitis	2	Removed
		091	Acute Otitis Externa (AOE): Topical Therapy	653	Endorsed
		093	Acute Otitis Externa (AOE): Systemic Antimicrobial Therapy - Avoidance of Inappropriate Use	654	Endorsed
		261	Referral for Otologic Evaluation for Patients with Acute or Chronic Dizziness	n/a	Not Endorsed
		331	Adult Sinusitis: Antibiotic Prescribed for Acute Sinusitis (Overuse)	n/a	Not Endorsed
		332	Adult Sinusitis: Appropriate Choice of Antibiotic: Amoxicillin With or Without Clavulanate Prescribed for Patients with Acute Bacterial Sinusitis (Appropriate Use)	n/a	Not Endorsed
	Eye care - diabetic retinopathy	018	Diabetic Retinopathy: Documentation of Presence or Absence of Macular Edema and Level of Severity of Retinopathy	88	Endorsed
		019	Diabetic Retinopathy: Communication with the Physician Managing Ongoing Diabetes Care	89	Endorsed
	Eye care - glaucoma	012	Primary Open-Angle Glaucoma (POAG): Optic Nerve Evaluation	86	Endorsed
	Eye care - macular degeneration	014	Age-Related Macular Degeneration (AMD): Dilated Macular Examination	87	Endorsed
		140	Age-Related Macular Degeneration (AMD): Counseling on Antioxidant Supplement	566	Endorsed
	GI - colonoscopy	185	Colonoscopy Interval for patients with a History of Adenomatous Polyps - Avoidance of Inappropriate Use	659	Endorsed
		320	Appropriate Follow-Up Interval for Normal Colonoscopy in Average Risk Patients	0658	Endorsed
		425	Photodocumentation of Cecal Intubation	N/A	Not Endorsed
	GI - Inflammatory Bowel Disease	271	Inflammatory Bowel Disease (IBD): Preventive Care: Corticosteroid Related Iatrogenic Injury - Bone Loss Assessment	n/a	Not Endorsed
		275	Inflammatory Bowel Disease (IBD): Assessment of Hepatitis B Virus (HBV) Status Before Initiating Anti-TNF (Tumor Necrosis Factor) Therapy	n/a	Not Endorsed
	GU - incontinence	050	Urinary Incontinence: Plan of Care for Urinary Incontinence in Women Aged 65 Years and Older	100	Removed

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Type	Topic	PQRS #	Measure Title	NQF ID	NQF Status
Process	HIV/AIDS	160	HIV/AIDS: Pneumocystis Jiroveci Pneumonia (PCP) Prophylaxis	405	Endorsed
		205	HIV/AIDS: Sexually Transmitted Disease Screening for Chlamydia, Gonorrhea, and Syphilis	409	Endorsed
		340	HIV Medical Visit Frequency	2079	Endorsed
	Imaging	195	Radiology: Stenosis Measurement in Carotid Imaging Reports	507	Endorsed
		364	Optimizing Patient Exposure to Ionizing Radiation: Appropriateness: Follow-up CT Imaging for Incidentally Detected Pulmonary Nodules According to Recommended Guidelines	n/a	Not Endorsed
		405	Appropriate Follow-up Imaging for Incidental Abdominal Lesions	n/a	Not Endorsed
		406	Appropriate Follow-Up Imaging for Incidental Thyroid Nodules in Patients	n/a	Not Endorsed
	Imaging - radiation exposure	145	Radiology: Exposure Time Reported for Procedures Using Fluoroscopy	510	Removed
		359	Optimizing Patient Exposure to Ionizing Radiation: Utilization of a Standardized Nomenclature for Computed Tomography (CT) Imaging	n/a	Not Endorsed
		436	Radiation Consideration for Adult CT: Utilization of Dose Lowering Techniques	n/a	Not Endorsed
	Kidney Disease	403	Adult Kidney Disease: Referral to Hospice	n/a	Not Endorsed
	Liver disease - Hepatitis C	387	Annual Hepatitis C Virus (HCV) Screening for Patients who are Active Injection Drug Users	n/a	Not Endorsed
		390	Hepatitis C: Discussion and Shared Decision Making Surrounding Treatment Options	n/a	Not Endorsed
		400	One-Time Screening for Hepatitis C Virus (HCV) for Patients at Risk	n/a	Not Endorsed
		401	Screening for Hepatocellular Carcinoma (HCC) in Patients with Cirrhosis	n/a	Not Endorsed

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Type	Topic	PQRS #	Measure Title	NQF ID	NQF Status
Process	Musculoskeletal	217	Functional Deficit: Change in Risk-Adjusted Functional Status for Patients with Knee Impairments	422	Endorsed
		312	Use of Imaging Studies for Low Back Pain	0052	Endorsed
	Neurology - ALS	386	Amyotrophic Lateral Sclerosis (ALS) Patient Care Preferences	n/a	Not Endorsed
	Obstetrics	254	Ultrasound Determination of Pregnancy Location for Pregnant Patients with Abdominal Pain	651	Removed
		255	Rh Immunoglobulin (Rhogam) for Rh-Negative Pregnant Women at Risk of Fetal Blood Exposure	652	Removed
		336	Maternity Care: Post-Partum Follow-Up and Care Coordination	n/a	Not Endorsed
		369	Pregnant Women that had HBsAg Testing	n/a	Not Endorsed
	Oral health	379	Primary Caries Prevention Intervention as Offered by Primary Care Providers, including Dentists	n/a	Not Endorsed
	Osteoporosis	024	Communication with the Physician or Other Clinician Managing On-going Care Post-Fracture for Men and Women Aged 50 years and Older	45	Endorsed
		418	Osteoporosis Management in Women Who Had a Fracture	0053	Endorsed
	Pathology	099	Breast Cancer Resection Pathology Reporting: pT Category (Primary Tumor) and pN Category (Regional Lymph Nodes) with Histologic Grade	391	Endorsed
		100	Colorectal Cancer Resection Pathology Reporting: pT Category (Primary Tumor) and pN Category (Regional Lymph Nodes) with Histologic Grade	392	Endorsed
		395	Lung Cancer Reporting (Biopsy/Cytology Specimens)	n/a	Not Endorsed
		396	Lung Cancer Reporting (Resection Specimens)	n/a	Not Endorsed

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Type	Topic	PQRS #	Measure Title	NQF ID	NQF Status
Process	Prevention - immunization	394	Immunizations for Adolescents	1407	Endorsed
	Prevention - screening	039	Screening for Osteoporosis for Women Aged 65-85 Years of Age	46	Endorsed
		048	Urinary Incontinence: Assessment of Presence or Absence of Urinary Incontinence in Women Aged 65 Years and Older	n/a	Not Endorsed
		112	Breast Cancer Screening	2372	Endorsed
		113	Colorectal Cancer Screening	34	Endorsed
		128	Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up Plan	421	Endorsed
		134	Preventive Care and Screening: Screening for Depression and Follow-Up Plan	418	Endorsed
		226	Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention	28	Endorsed
		239	Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents	24	Endorsed
		309	Cervical Cancer Screening	32	Endorsed
		310	Chlamydia Screening for Women	33	Endorsed
		317	Preventive Care and Screening: Screening for High Blood Pressure and Follow-Up Documented	n/a	Not Endorsed
		431	Preventive Care and Screening: Unhealthy Alcohol Use: Screening & Brief Counseling	2152	Endorsed
		443	Non-recommended Cervical Cancer Screening in Adolescent Females	n/a	Not Endorsed
		447	Chlamydia Screening and Follow-up	1395	Removed
	Prevention – immunization	110	Preventive Care and Screening: Influenza Immunization	41	Endorsed
		111	Pneumonia Vaccination Status for Older Adults	43	Endorsed
		240	Childhood Immunization Status	38	Endorsed

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Type	Topic	PQRS #	Measure Title	NQF ID	NQF Status
Process	Patient safety	076	Prevention of Central Venous Catheter (CVC) - Related Bloodstream Infections	464	Removed
		154	Falls: Risk Assessment	101	Endorsed
		155	Falls: Plan of Care	101	Endorsed
		318	Falls: Screening for Fall Risk	101	Endorsed
		181	Elder Maltreatment Screen and Follow-Up Plan	n/a	Not Endorsed
		407	Appropriate Treatment of (MSSA) Bacteremia	n/a	Not Endorsed
	Patient Safety - Medication Management	238	Use of High-Risk Medications in the Elderly	22	Endorsed
		408	Opioid Therapy Follow-up Evaluation	n/a	Not Endorsed
		412	Documentation of Signed Opioid Treatment Agreement	n/a	Not Endorsed
		414	Evaluation or Interview for Risk of Opioid Misuse	n/a	Not Endorsed
	Respiratory - Asthma	444	Medication Management for People with Asthma (MMA)	1799	Removed
	Respiratory - Bronchitis	116	Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis	58	Endorsed
	Respiratory - COPD	051	Chronic Obstructive Pulmonary Disease (COPD): Spirometry Evaluation	91	Endorsed
		052	Chronic Obstructive Pulmonary Disease (COPD): Spirometry Evaluation	102	Endorsed
	Respiratory - URI	065	Appropriate Treatment for Children with Upper Respiratory Infection (URI)	69	Endorsed
	Sleep Apnea	276	Sleep Apnea: Assessment of Sleep Symptoms	n/a	Not Endorsed
		277	Sleep Apnea: Severity Assessment at Initial Diagnosis	n/a	Not Endorsed
		278	Sleep Apnea: Positive Airway Pressure Therapy Prescribed	n/a	Not Endorsed
		279	Sleep Apnea: Assessment of Adherence to Positive Airway Pressure Therapy	n/a	Not Endorsed
	Stroke	032	Stroke and Stroke Rehabilitation: Discharged on Antithrombotic Therapy	325	Removed
	Substance Use	305	Initiation and Engagement of Alcohol and Other Drug Dependence Treatment	4	Endorsed
		402	Tobacco Use and Help with Quitting Among Adolescents	n/a	Not Endorsed

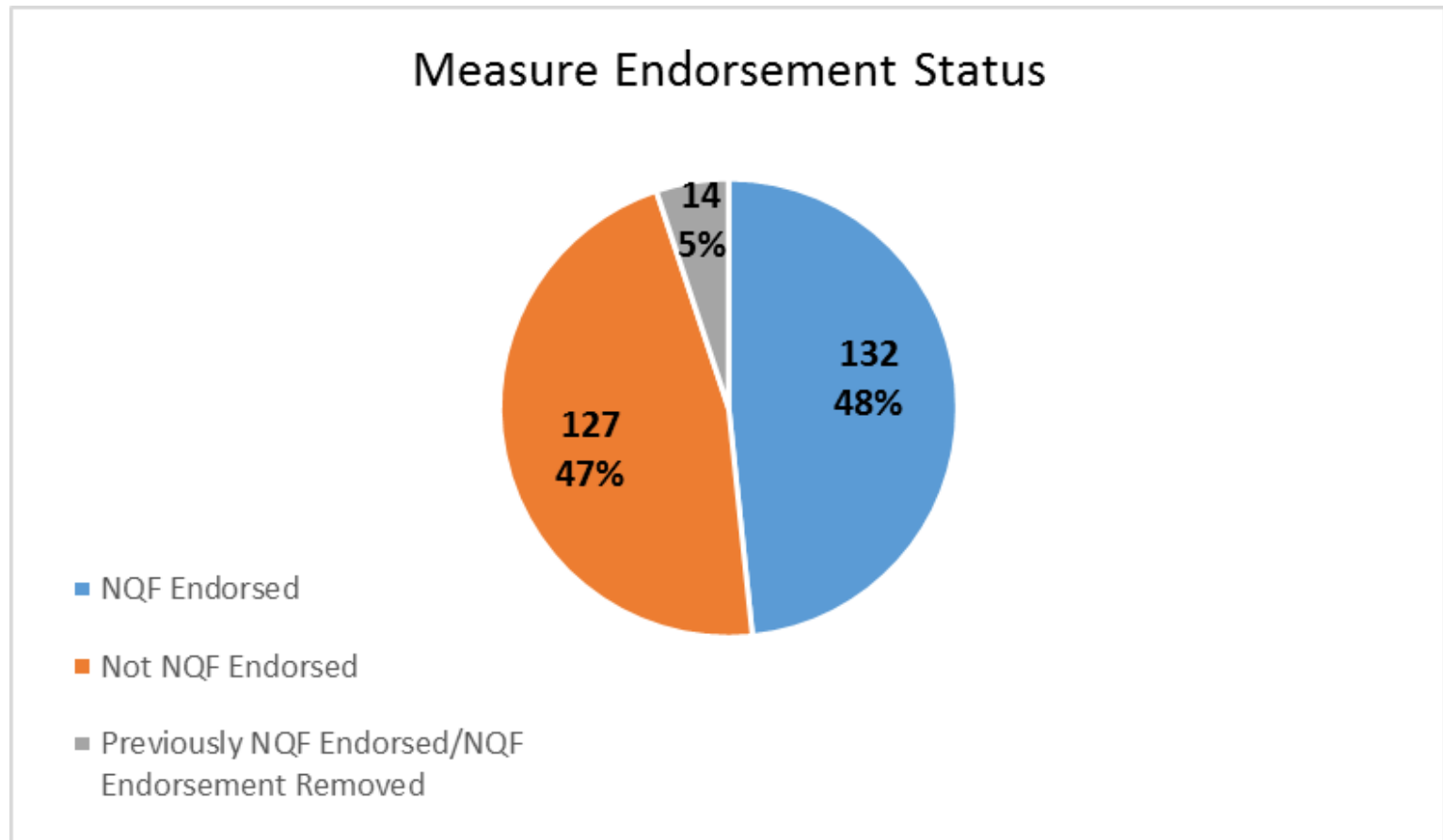
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Type	Topic	PQRS #	Measure Title	NQF ID	NQF Status
Process	Surgery	021	Perioperative Care: Selection of Prophylactic Antibiotic - First OR Second Generation Cephalosporin	268	Endorsed
		023	Perioperative Care: Venous Thromboembolism (VTE) Prophylaxis (When Indicated in ALL Patients)	239	Endorsed
		358	Patient-Centered Surgical Risk Assessment and Communication	n/a	Not Endorsed
	Surgery - anesthesia	424	Perioperative Temperature Management	2681	Endorsed
		426	Post-Anesthetic Transfer of Care Measure: Procedure Room to a Post Anesthesia Care Unit (PACU):	n/a	Not Endorsed
		427	Post-Anesthetic Transfer of Care: Use of Checklist or Protocol for Direct Transfer of Care from Procedure Room to Intensive Care Unit (ICU)	n/a	Not Endorsed
		430	Prevention of Post-Operative Nausea and Vomiting (PONV) – Combination Therapy	n/a	Not Endorsed
	Surgery - GU/GYN	422	Performing Cystoscopy at the Time of Hysterectomy for Pelvic Organ Prolapse to Detect Lower Urinary Tract Injury	2063	Endorsed
		428	Pelvic Organ Prolapse: Preoperative Assessment of Occult Stress Urinary Incontinence	n/a	Not Endorsed
		429	Pelvic Organ Prolapse: Preoperative Screening for Uterine Malignancy	n/a	Not Endorsed
		448	Appropriate Work Up Prior to Endometrial Ablation	0567	Endorsed
	Surgery - Hip Fracture/Replacement	376	Functional Status Assessment for Total Hip Replacement	n/a	Not Endorsed
	Surgery - vascular	257	Statin Therapy at Discharge after Lower Extremity Bypass (LEB)	1519	Endorsed
		423	Perioperative Anti-platelet Therapy for Patients Undergoing Carotid Endarterectomy	0465	Endorsed
	Surgery -Knee replacement	375	Functional Status Assessment for Total Knee Replacement	n/a	Not Endorsed

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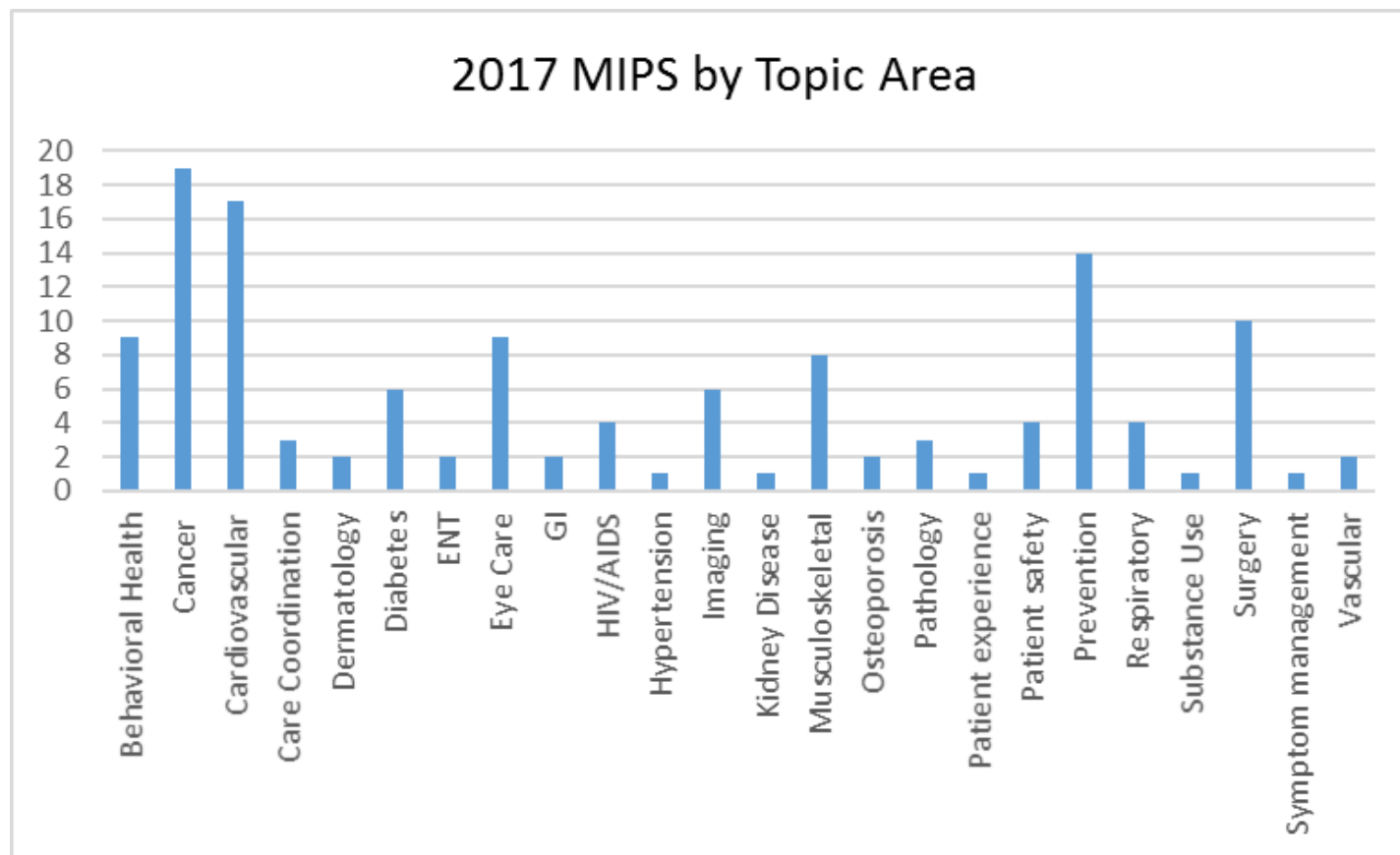
Type	Topic	PQRS #	Measure Title	NQF ID	NQF Status
Process	Symptom management and functional outcomes	131	Pain Assessment and Follow-Up	420	Endorsed
	Symptom management and functional outcomes	182	Functional Outcome Assessment	2624	Endorsed
	Vascular	420	Varicose Vein Treatment with Saphenous Ablation: Outcome Survey	n/a	Not Endorsed
Structural	Cancer - breast	251	Quantitative Immunohistochemical (IHC) Evaluation of Human Epidermal Growth Factor Receptor 2 Testing (HER2) for Breast Cancer Patients	1855	Endorsed
	Cancer - prostate	250	Radical Prostatectomy Pathology Reporting	1853	Endorsed
	Dermatology	137	Melanoma: Continuity of Care - Recall System	650	Endorsed
	Imaging	147	Nuclear Medicine: Correlation with Existing Imaging Studies for All Patients Undergoing Bone Scintigraphy	n/a	Not Endorsed
	Imaging - mammography	146	Radiology: Inappropriate Use of "Probably Benign" Assessment Category in Mammography Screening	508	Endorsed
	Imaging - radiation exposure	360	Optimizing Patient Exposure to Ionizing Radiation: Count of Potential High Dose Radiation Imaging Studies: Computed Tomography (CT) and Cardiac Nuclear Medicine Studies	n/a	Not Endorsed
	Imaging - radiation exposure	361	Optimizing Patient Exposure to Ionizing Radiation: Reporting to a Radiation Dose Index Registry	n/a	Not Endorsed
	Imaging - radiation exposure	362	Optimizing Patient Exposure to Ionizing Radiation: Computed Tomography (CT) Images Available for Patient Follow-up and Comparison Purposes	n/a	Not Endorsed
	Imaging - radiation exposure	363	Optimizing Patient Exposure to Ionizing Radiation: Search for Prior Computed Tomography (CT) Studies Through a Secure, Authorized, Media-Free, Shared Archive	n/a	Not Endorsed
	Imaging - mammography	225	Radiology: Reminder System for Screening Mammograms	509	Endorsed
	Pathology	249	Barrett's Esophagus	1854	Endorsed
	Cardiovascular - Coronary Artery Disease	441	Ischemic Vascular Disease All or None Outcome Measure (Optimal Control)	n/a	Not Endorsed

2017 MIPS Measures



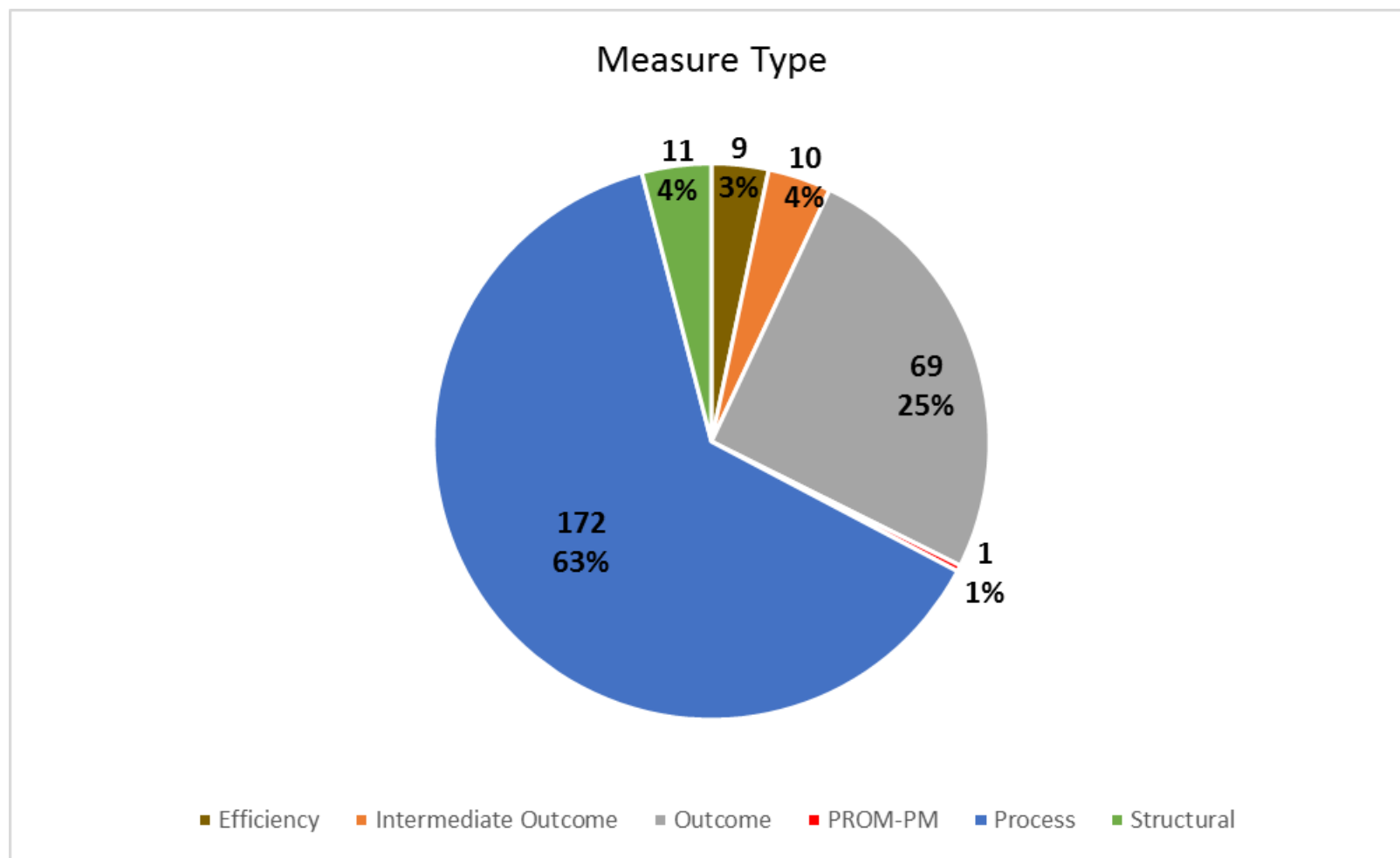
■ Total of 273 measures

2017 MIPS Measures



- Total of 273 measures

2017 MIPS Measures



- Total of 273 measures

Pre-Rulemaking Input- MIPS

Smoking Consent Calendar

- Adult Local Current Smoking Prevalence (MUC16-69)

Opportunity for Public Comment: HIV Measures

HIV Consent Calendar

- Prescription of HIV Antiretroviral Therapy (MUC16-72)
- HIV Medical Visit Frequency (MUC16-73)
- HIV Viral Suppression (MUC16-75)

Opportunity for Public Comment: Cardiology Measures

Cardiology Consent Calendar

- Fixed-dose Combination of Hydralazine and Isosorbide Dinitrate Therapy for Self-identified Black or African American Patients with Heart Failure and Left Ventricular Ejection Fraction (LVEF) <40% on ACEI or ARB and Beta-blocker Therapy (MUC16-74)
- Appropriate Use Criteria - Cardiac Electrophysiology (MUC16-398)

Opportunity for Public Comment: Cancer Measures

Cancer Consent Calendar

- Febrile Neutropenia Risk Assessment Prior to Chemotherapy (MUC16-151)
- Bone Density Evaluation for Patients with Prostate Cancer and Receiving Androgen Deprivation Therapy (MUC16-287)
- Intravesical Bacillus Calmette-Guerin for NonMuscle Invasive Bladder Cancer (MUC16-310)

Opportunity for Public Comment: ENT Measures

ENT Consent Calendar

- Otitis Media with Effusion: Systemic Corticosteroids - Avoidance of Inappropriate Use (MUC16-268)
- Otitis Media with Effusion: Systemic Antimicrobials - Avoidance of Inappropriate Use (MUC16-269)

Opportunity for Public Comment

Adjourn Day 1



NATIONAL
QUALITY FORUM

Measure Applications Partnership Clinician Workgroup In-Person Meeting Day 2

December 12-13, 2017

Welcome and Review of Day 2

Recap of Day 1

- Add

Agenda-Day 2

- Workgroup Discussion- PROMIS
- Review of MIPS MUCs: Spine, Anesthesia, Dementia, Radiology, Surgery
- Workgroup discussion – Surgery Measures
- Feedback on Current MIPS Measure Set
- General Opportunity for Public Comment
- Summary of Meeting

PROMIS[®]: Applying State-of-the-Science PROs to Quality Measurement

Ashley Wilder Smith, PhD, MPH & Roxanne Jensen, PhD
Outcomes Research Branch
National Cancer Institute / National Institutes of Health



Patient Reported Outcomes Measurement Information System®

PRO system: brief, precise, valid, reliable fixed or tailored tools for patient-reported health status in physical, mental, and social well-being for adult & pediatric populations

Advantages: Disease-agnostic, Flexible, Adaptable, Low burden, Comparable, Accessible

Development: Item Response Theory (IRT) for construction

Standardized: One metric (T-score, Mean=50, SD=10; reference=US population)

PROMIS is Domain specific, not Disease or Setting specific

A **domain** is the specific feeling, function or perception you want to measure.

Cuts across different diseases and facilities

Examples

- Fatigue
- Pain
- Anxiety

- Physical Function
- Sleep Disturbance

- Global Health
- Participation in Social Role

Constructed using Item Response Theory

IRT Methodology Used To:

- Develop and evaluate groups of questions called “item banks”
- Evaluate properties and refine items
- Score individuals
- Link multiple measures onto a common scale

An **item bank** is a large collection of items (questions) measuring a single domain.

Any and all items can be used to provide a score for that domain.



PROMIS Adult Self-Reported Health

Global Health

Physical Health

Physical Function
Pain Intensity
Pain Interference
Fatigue
Sleep Disturbance

Mental Health

Depression
Anxiety

Social Health

Ability to
Participate in Social
Roles & Activities

PROMIS Profile
Domains

PROMIS Additional
Domains

Pain Behavior
Pain Quality
Sleep-related
Impairment
Sexual Function
Gastro-Intestinal
Symptoms
Dyspnea

Anger
Cognitive Function
Alcohol Use,
Consequences, &
Expectancies
Psychosocial Illness
Impact
Self-efficacy
Smoking

Satisfaction with
Social Roles &
Activities
Social Support
Social Isolation
Companionship

HealthMeasures: What is Available?

- Fixed Questionnaires: Short Forms (download pdfs)
 - “Ready made” or “Make your own”
- Individually “tailored” electronic questionnaires (Computerized Adaptive Tests, CAT)
 - Next item administered depends on previous answer
- Computer platforms (e.g., REDCap)
- Application Programming Interface (API)
- Tablet Distribution (currently iPad)
- <http://www.healthmeasures.net/explore-measurement-systems/promis/obtain-administer-measures>



PATIENT CARE
RESEARCH
EDUCATION
COMMUNITY

Part II: PROMIS in the Real World



*A Comprehensive Cancer Center Designated
by the National Cancer Institute*

<http://lombardi.georgetown.edu>
Lombardi CancerLine: 202.444.4000

Before PROMIS: Selecting a PRO Tool

...So you want to Measure Physical Function

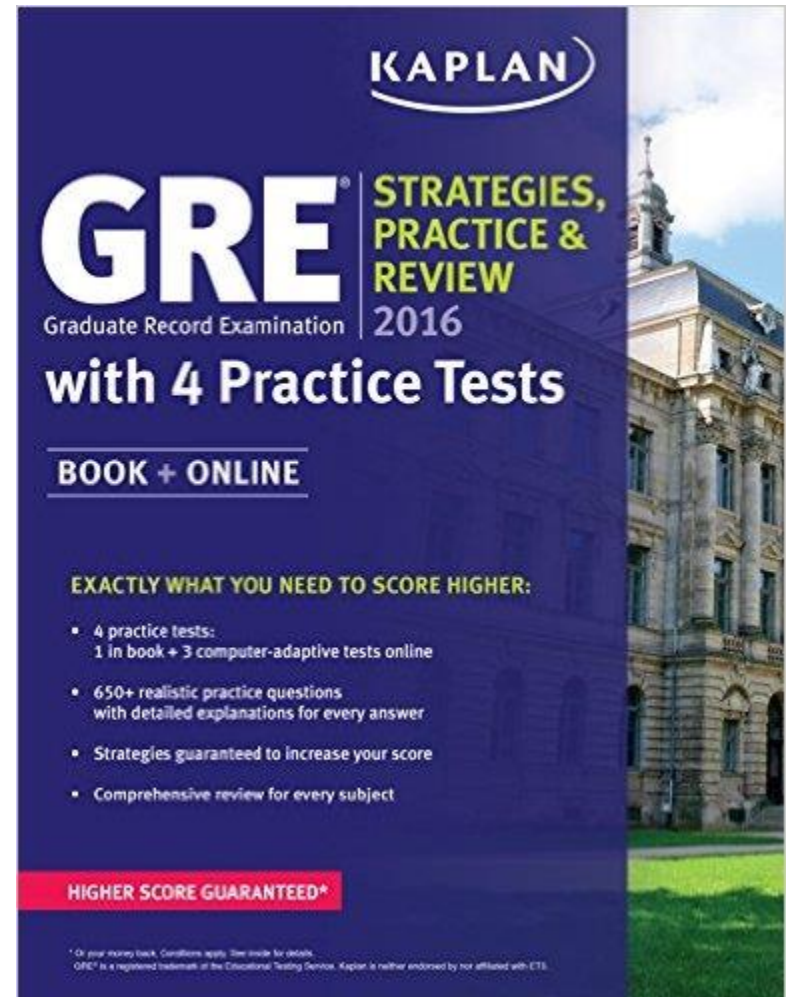
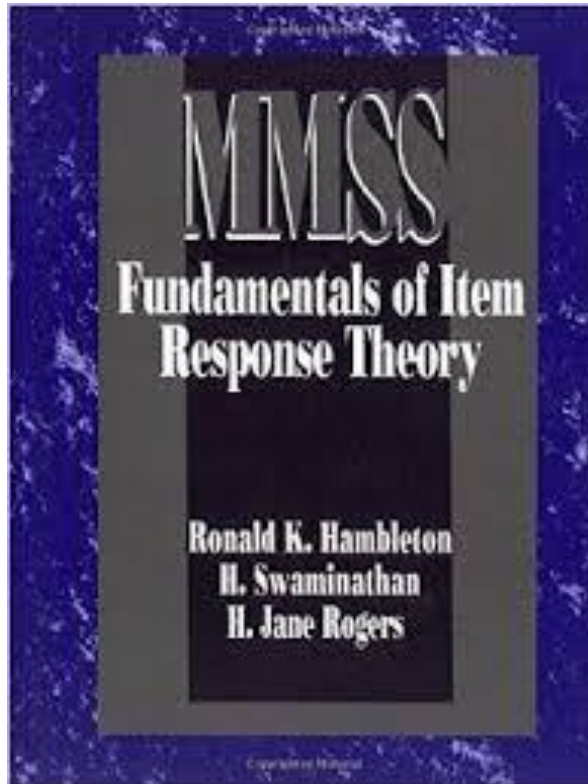
1. How detailed?
2. How many items?
3. Who do you want to compare to:
 - General Population?
HAQ (34), SF-12
 - Cancer Patients?
FACT-G (27) ,EORTC QLQ-C-30

Before PROMIS: Potential Issues

- Response Burden
- Comparability Beyond Study Sample
- PRO Tool Sensitivity



New Methods in Measurement Theory

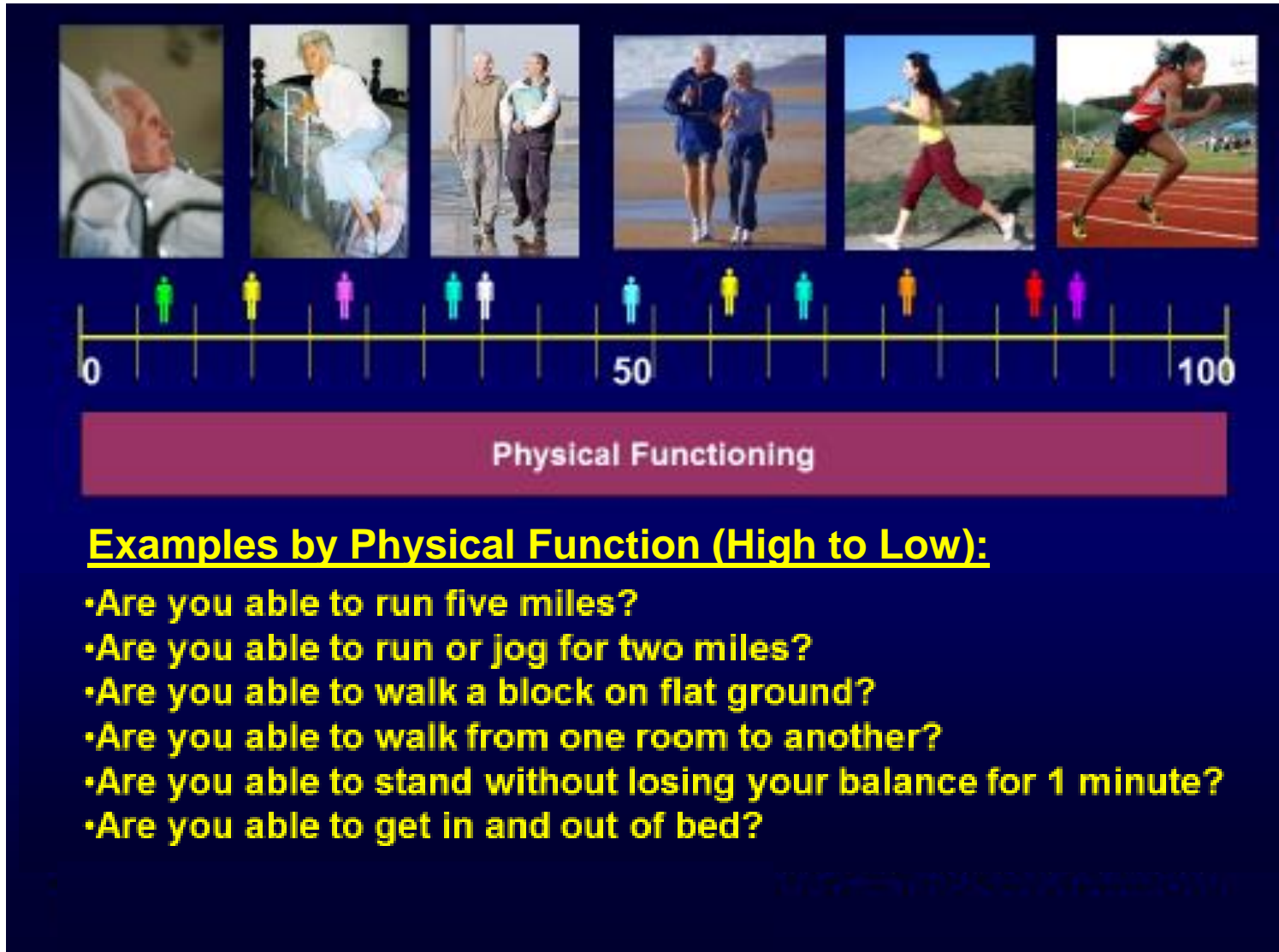


After PROMIS: Selecting a PRO Tool

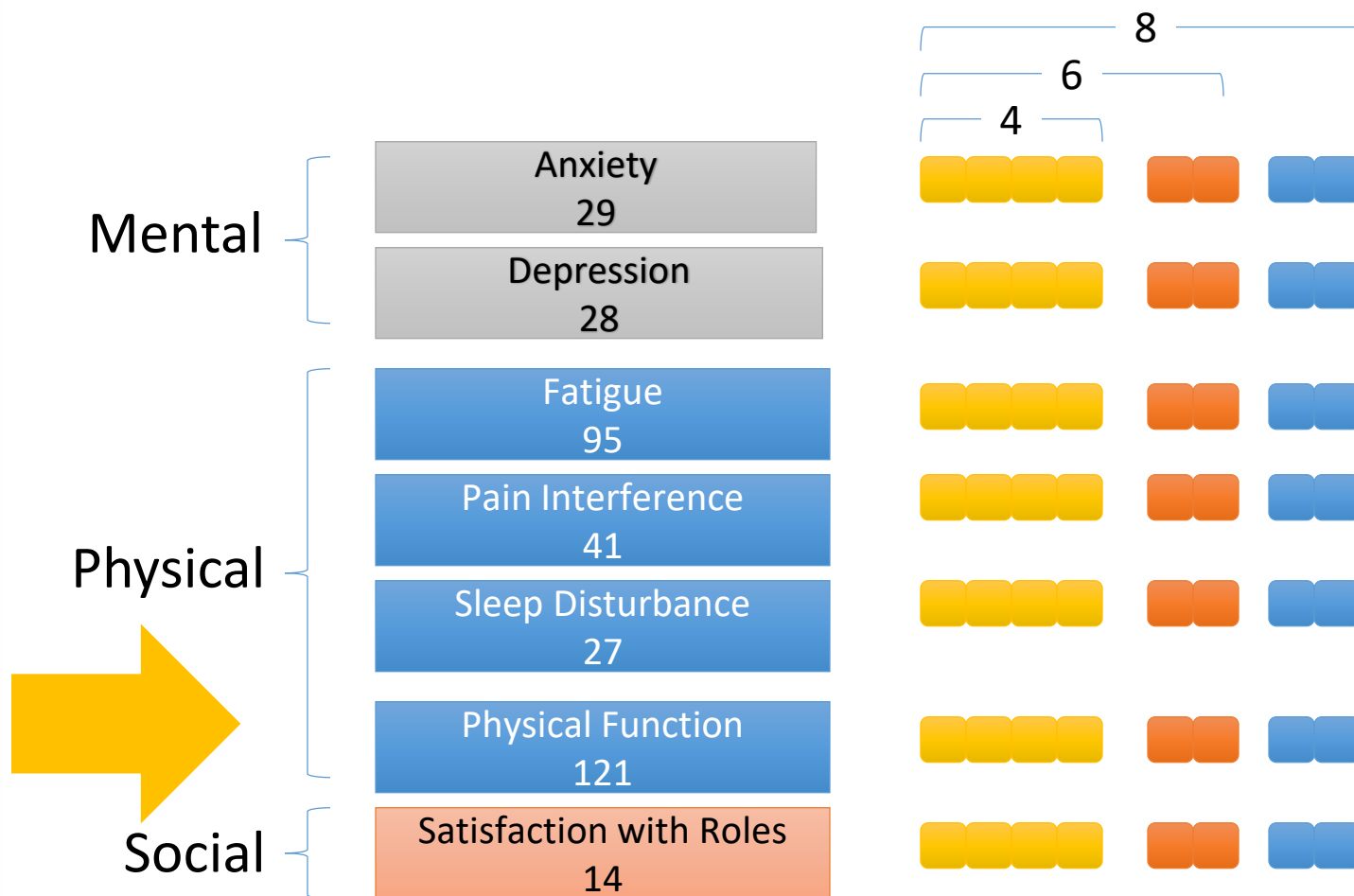
- Administration Format? Computer or Paper
- Administration Method? Fixed or Adaptive
- Established PROMIS Short Form? 4, 6, 8, 10, 20
- Create your own? 124 questions available
- Number of Items on Tool? 3 -124

Then: Create and Administer

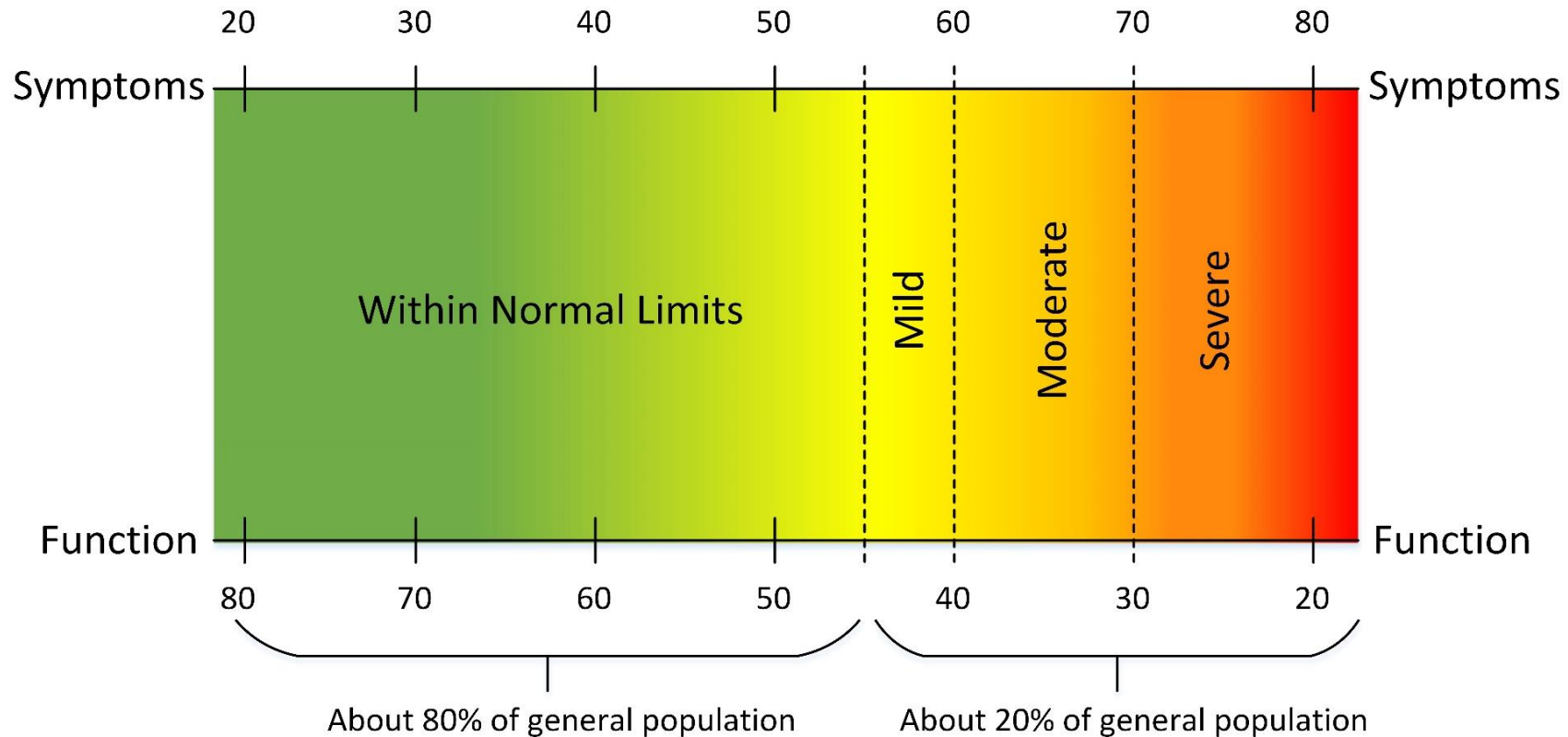
Flexibility: Lots of Options Available



Flexibility: PROMIS Short Forms



Interpretability: All PF Scores, One Scale



*These are general guidelines to aid in interpreting PROMIS T-scores. Within a given condition or PROMIS domain, thresholds may differ.

Interpretability: All PF Scores, One Scale

- T-Score (Reference = U.S. General Population)
 - 50 = U.S. General Population Average
 - 10 = 1 Standard Deviation (for the U.S. Population)

Wheel Chair	Cane	No Help	Exercise 5-7x week
<u>28.4</u>	<u>34.2</u>	<u>47.0</u>	<u>53.7</u>



Interpretability: All PF Scores, One Scale

- T-Score (Reference = U.S. General Population)
 - 50 = U.S. General Population Average
 - 10 = 1 Standard Deviation (for the U.S. Population)
- Cancer-Specific U.S. PROMIS PF Reference Values
 - Adjusted to reflect U.S. cancer incidence rates
 - 6-13 Months Post Diagnosis

Wheel Chair
28.4

Cane
34.2

No Help
47.0

Exercise
5-7 week
53.7



Lung [38.5]

Colorectal [44.3]

Prostate [50.1]

Interpretability: All PF Scores, One Scale

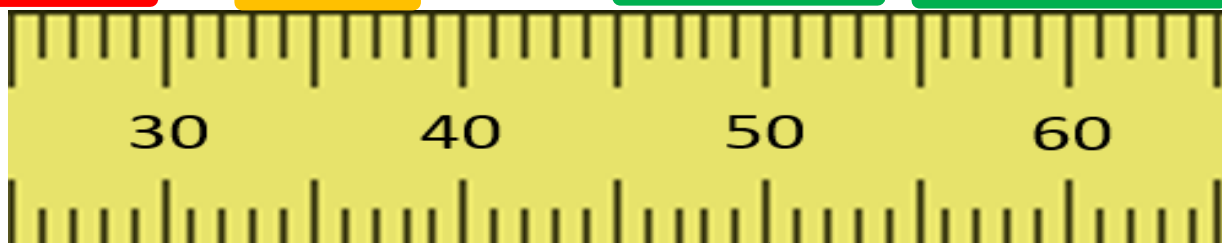
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- Cancer-Specific U.S. PROMIS PF Reference Values
 - Adjusted to reflect U.S. cancer incidence rates
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**Wheel
Chair 28.4**

**Cane
34.2**

**No Help
47.0**

**Exercise
5-7 week
53.7**



Lung [38.5]

Colorectal [44.3]

Prostate [50.1]

Comparability: All Scores, One Scale

- T-Score (Reference = U.S. General Population)
 - 50 = U.S. General Population Average
 - 10 = 1 Standard Deviation



Lung [38.5]

- Stage I/II [40.2]
- Stage III/IV [37.5]

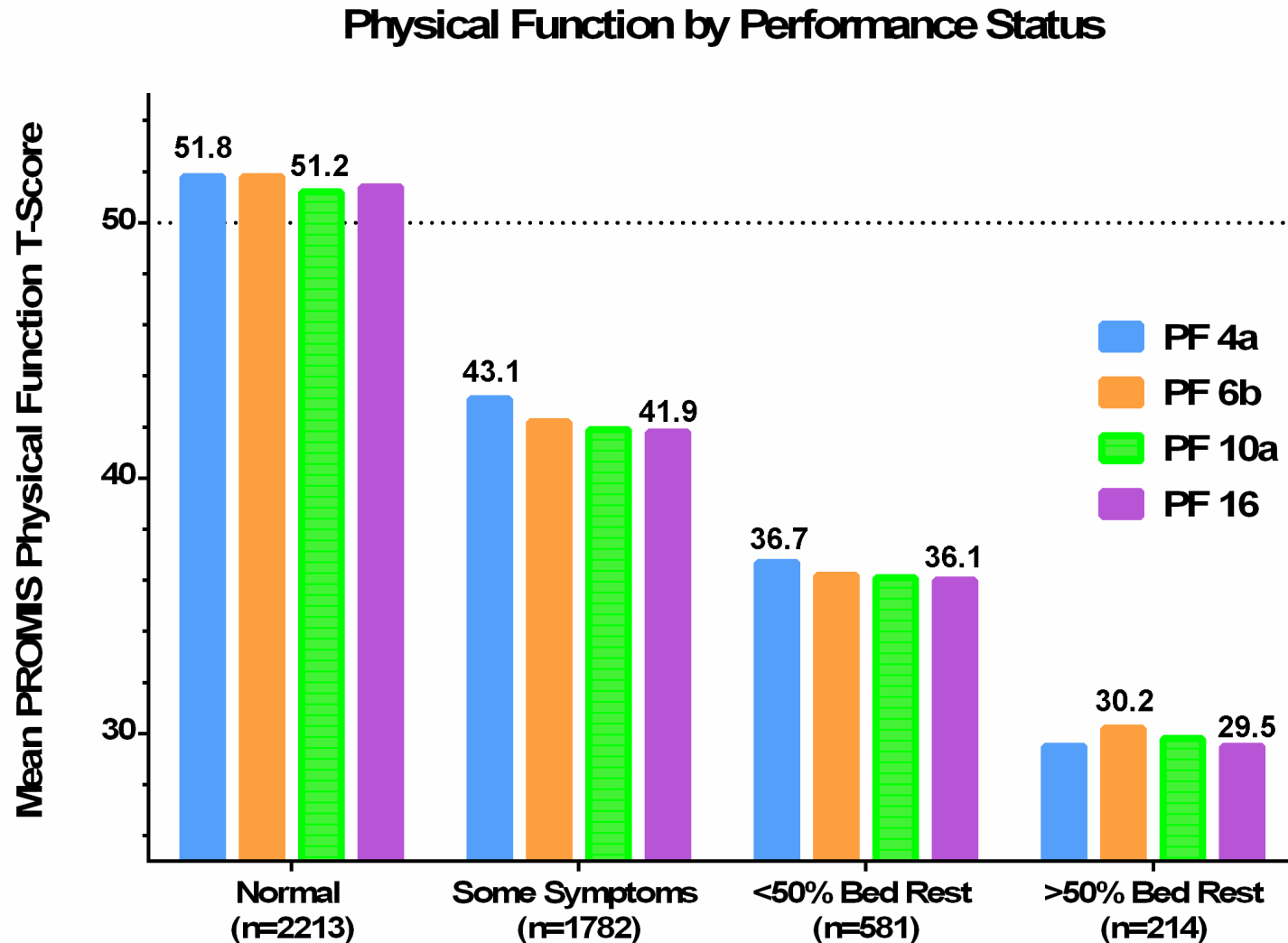
Colorectal

[44.3]

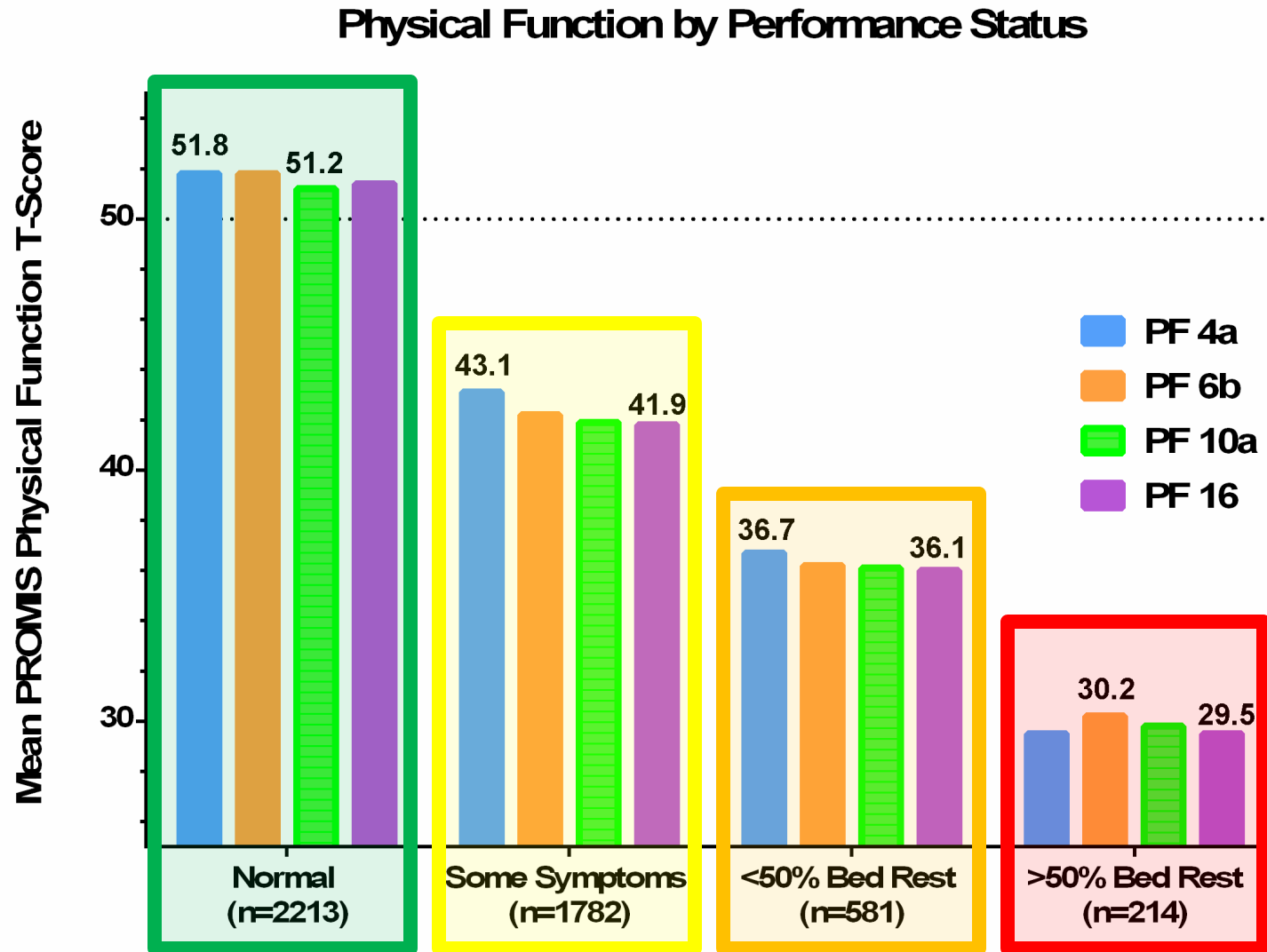
- Stage I [46.1]
- Stage IV [40.6]
- Age 65-84 [43.5]

Prostate [50.1]

Known Groups: By Short Form

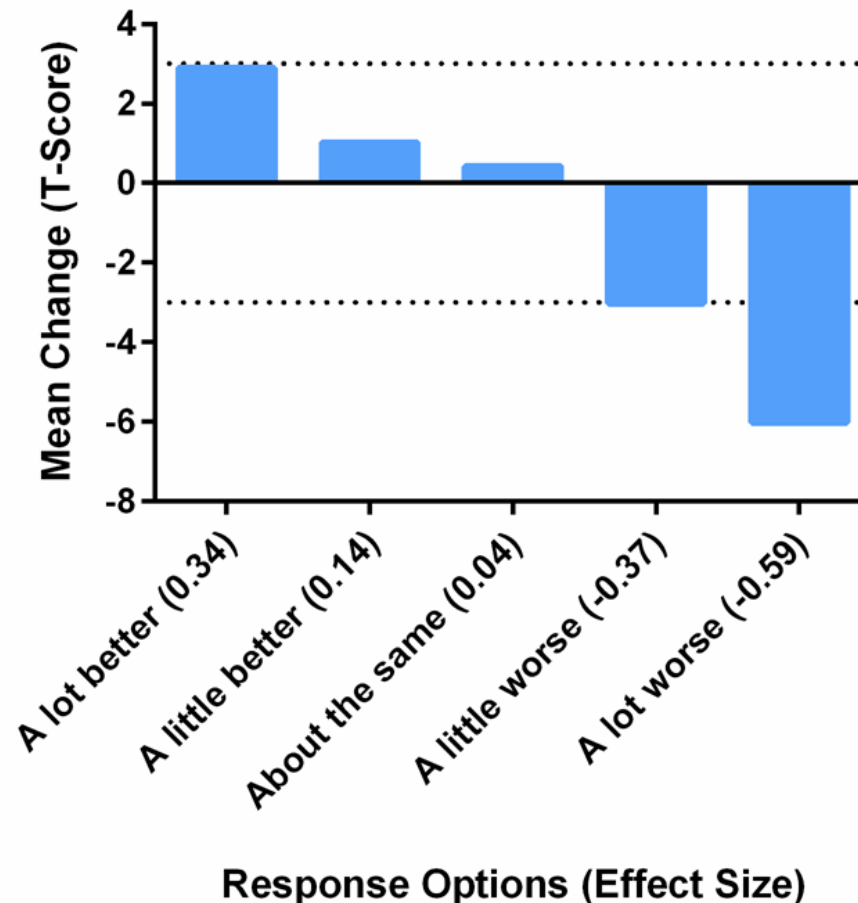


Known Groups: By Short Form



Responsiveness: Retrospective Anchor

"Compared to Six Months Ago, How is Your Physical Function Now?"





Use in Clinical Settings

- Increasing adoption for Clinical Care and Treatment decision-making
- Earliest Adopters: Orthopedics and Oncology settings (out-patient, also in-patient)
- Availability via EHR Vendors:
 - Availability in Epic (Spring 2017 release of ...)
 - Availability in Cerner (Coming... 2017)



Example: Potential Use in PAC Settings

Possible response to the IMPACT Act

Approach could consider PROMIS items from domains including

- Cognitive Function
- Anxiety
- Physical Function, Mobility
- Fatigue
- Sleep Disturbance
- Social Role Functioning
- Depression
- Pain

Enable calculation of domain-level self-assessment score

Contribute to calculation of self-report Profile score

Enable crosswalking of CMS items to PROMIS scales

For more info

Ashley.Smith@nih.gov

www.healthmeasures.net
www.nihpromis.org



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Pre-Rulemaking Input- MIPS

Opportunity for Public Comment: Spine Measures

Spine Consent Calendar

- Average change in back pain following lumbar discectomy and/or laminotomy (MUC16-87)
- Average change in back pain following lumbar fusion (MUC16-88)
- Average change in leg pain following lumbar discectomy and/or laminotomy (MUC16-89)

Opportunity for Public Comment: Anesthesia Measure

Anesthesia Consent Calendar

- Prevention of Post-Operative Vomiting (POV) - Combination Therapy (Pediatrics) (MUC16-312)

Opportunity for Public Comment: Dementia Measure

Dementia Consent Calendar

- Safety Concern Screening and Follow-Up for Patients with Dementia (MUC16-317)

Opportunity for Public Comment: Radiology Measure

Radiology Consent Calendar

- Uterine artery embolization technique: Documentation of angiographic endpoints and interrogation of ovarian arteries (MUC16-343)

Opportunity for Public Comment: Surgery Measure

Surgery Consent Calendar

- Patient Experience with Surgical Care Based on the Consumer Assessment of Healthcare Providers and Systems (CAHPS) ® Surgical Care Survey (S-CAHPS) (MUC16-291)

Workgroup discussion – Surgery Measures

- Preoperative Key Medications Review for Anticoagulation Medication
- Postoperative Plan Communication with Patient and Family
- Patient Frailty Evaluation
- Identification of Major Co-Morbid Medical Conditions
- Intraoperative Timeout Safety Checklist
- Postoperative Care Coordination and Follow-up with Primary/Referring Provider
- Perioperative Composite
- Postoperative Care Plan
- Postoperative Review of Patient Goals of Care
- Participation in a National Risk-adjusted Outcomes Surgical Registry
- Surgical Plan and Goals of Care (Preoperative Phase)
- Preventative Care and Screening: Tobacco Screening and Cessation Intervention
- Resumption Protocol
- Patient-Centered Surgical Risk Assessment and Communication
- Intraoperative Surgical Debriefing
- Post-Discharge Review of Patient Goals of Care

Current Measure Review and Discussion: MIPS

Discussion

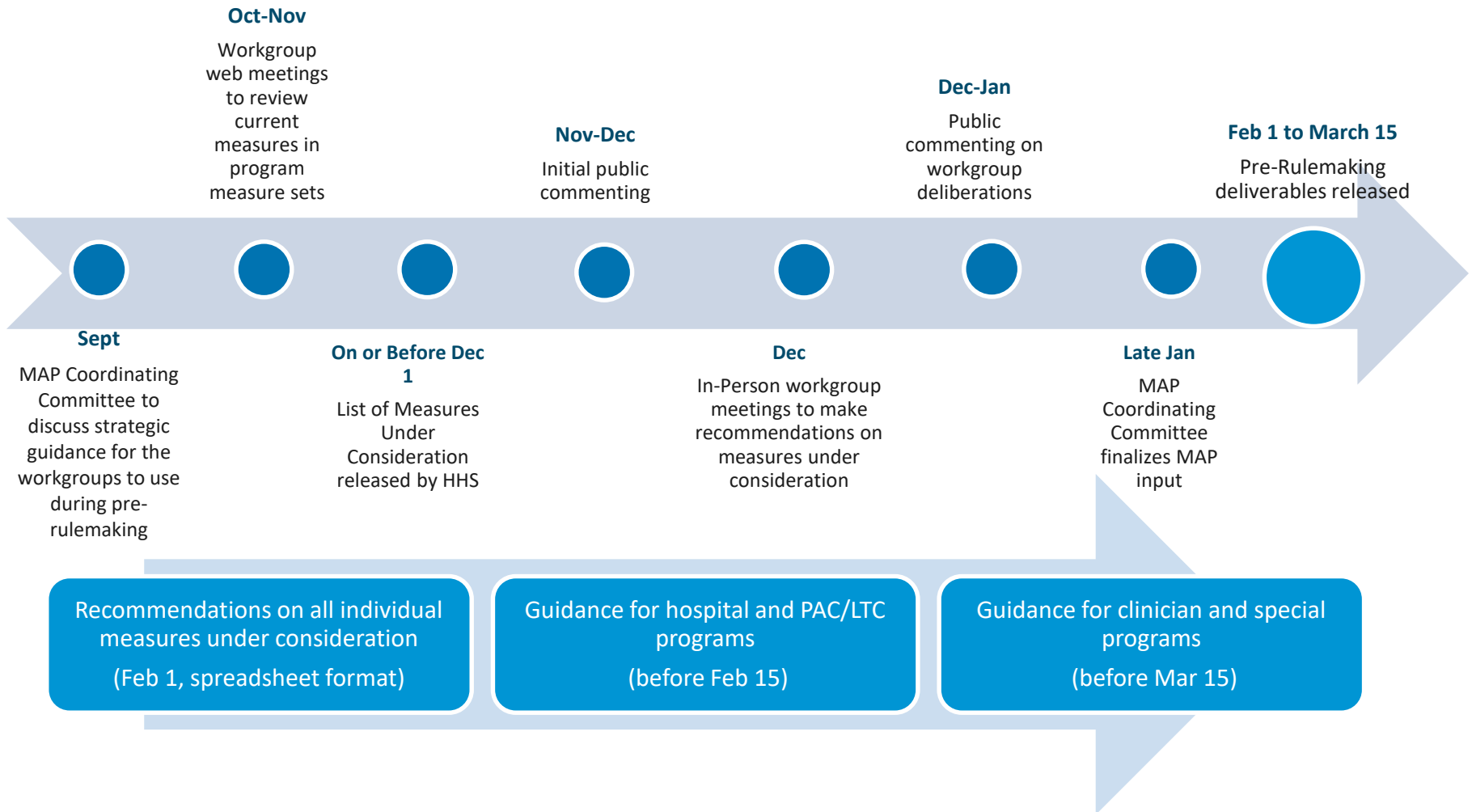
- Are there ways to improve the current measure set?
- Are there specific measures that could be removed in the future?
- After considering the MUCs and current measures are there remaining gaps?

Opportunity for Public Comment

Next Steps

MAP Approach to Pre-Rulemaking

A look at what to expect



Timeline of Upcoming Activities

Workgroup In-Person Meetings

- Hospital Workgroup – **December 8-9**
- Clinician Workgroup – **December 12-13**
- PAC/LTC Workgroup – **December 14-15**

Web Meetings

- Dual Eligible Beneficiaries Workgroup – January 10, 2017, 12-2pm ET
 - *Reviews recommendations from other groups and provide cross-cutting input during the second round of public comment*

Public Comment Period #2- December 21-12

Coordinating Committee In-Person Meeting– January 24-25

Thank You!